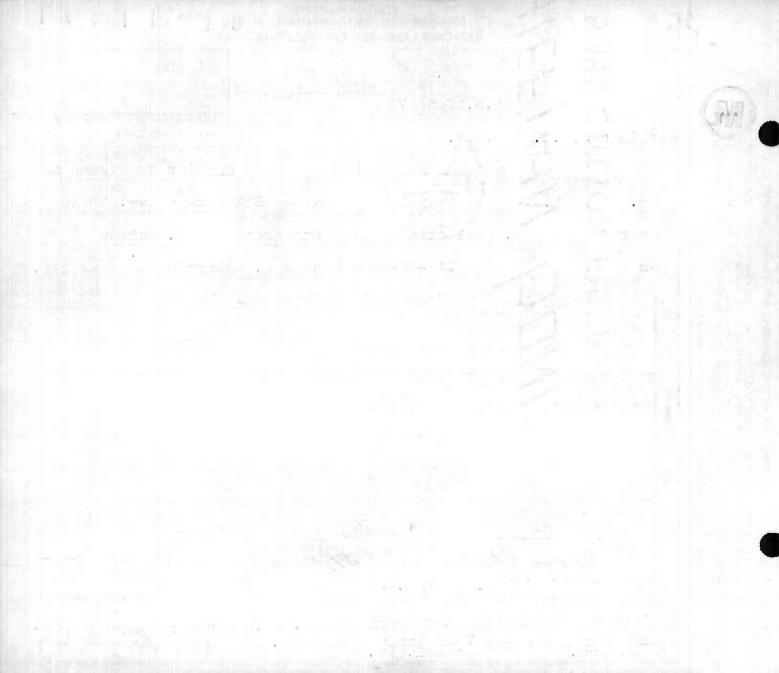
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reen a	×	CERTIFICATION	000	~	Jun comput	101150511				Tan	7001 IF V	55 14505 51110	
A E d	0	C	190 DATE OF OPERATIO	N	196 CONDII			ION WAS PERFORA	WED	200 AUTOPSY?	IN CERT	ES, WERE FIND	S OF DEATH?
ha ha	MA	=	NIA			N	/A			YES NO	e 1	YES 🗆	NO 🗆
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din din	-	MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE O			21f. LOCATION	1	701 5 700			
ten	pa	X	WHILE NOT WHILE		(AT HOME STREET	T, FACTORY, OF	FICE, FARM ETC	STREET		CITY O	RTOWN	COUNTY	STATE
The state	y k		AT WORK		1			120	11 1				
A e e e e e e	É		22a.1 certify that (1) (t	his hospital) ottended the	deceased for	om	11/10	19 0	_, to	110	19.8/	, that (I) (we) last
TEN OR OF H	- 2		sow the deceased	alive an	41	10	19 81	and that in (my) (a	our) opinion de	eath accurred an th	e date and ha	our and from the	e chuses stated
AT AT	E 5		obove, (I) (we) (did	(did not)	view the body a	fter bleath.							
DR h	He		226 SIGNATURE	2	0	1.	()	DEGREE				22c DA/	ESIGNED
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Shot Shot	₹	23a D	URIAL, CREMATION, RE	MOVAL T	23b. DATE		23, NA44E O	CEMETERY OR CR	EMATORY	123d LOCATION		1.01	01 / 1
11			SPECIFY)			1000					y	COUNTY	STATE
BP	_		Burial		Apr 13	,198	L Ceda	r Hill	Cem.	Suitl	and	$\mathbf{P}_{\mathbf{G}}^{county}$	Md
DHMH - 16 50M 1/	(8)	24 FL	NERAL DIRECTOR ROBE							REC'D. BY REGISTR	AR 2	STRAR'S STANA	MURE
(VRA 15, 4)	0.		NAME RODE	LC T	. AATTI	ADD	ESCHICE	T HOME	APR	1 6 1981	prof	STONY PROPERTY	1
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CONTRACTOR OF THE PROPERTY OF

- STATE			STATE OF I DEPARTMENT OF HEALTI		GENE		0 9 1	
REGIS	RAR		DICAL EXAMINER'S		DEATH	G. NO.		
1. DECEASE			MIDDLE	LAST	20. DATE KNOW	NAM WONTH	DAY YEAR	2b. HOUR
(TITE OR PR	Wye-	th	B. A	bertie	OF ESTI-		19 1981	,
SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY MONT	NDER 1 YR. IF UNDER 24		MONTH	DAY YEAR	24 HOU
lale	White	Sept.5,	1905 75 YRS.	HS DAYS HOURS	PRONOUNCED DEAD	4	19 1981	9:24
BIRTHPL FOREIGN (ACE (STATE OR	76. CITIZEN OF WI	HAT COUNTRY? 8. MARR	IED NEVER MARRIED	9. BALTIMORE C	ITY OR COUN	TY OF DEATH	
	ngton, D.C					eorge's		MD
1	TOWN OF DEATH	LIF NOT IN SUCH FA	PITAL, NURSING HOME, OR OTH CILITY, GIVE STREET ADDRESS)		20. USUAL OCCUPATION FOR MOST OF WORKING LIFE)	12b. KIND OF BUS OR INDUSTR	Y
	irel	Greate	r Laurel Hospita	31	Carrier		Bank CN	В
o STATE Md	13b. COU	INTY G •	136 CITY OR TOWN Laure1	13d. INSIDE CITY LIMITS?	3e STREET ADDRESS 11 Gorman	Ave.	20810	
I. FATHER	NAME		1-44	15. MOTHER'S MAIDEN	NAME			
Geo	rge	W. A	lbertie	Margare	t F.	Dutro	W LAST	
6a. WAS D	CEASED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT		RESS		
No	1 123, 31	IVE WAR ON DATES)	214-05-0284	Madge I.	Albertie	Same	as 13e	
18. 0	AUSE OF DEATH (Enter of	anly one cause per line	far (a), (b), and (c).)	- 1			APPROXIMATE I	
12	RT I DEATH WAS CAUS	IATE CAUSE (a) Ar	teriosclerotic (Cardiovascul	ar Disease		BETWEET BITSET	AND DEALL
17	272		AS A CONSEQUENCE OF					
-	anditians, if any, which ave rise to immedia	ite (b)						
	ouse (a) stating the <u>under</u> ing cause last.	DUE TO, OR	AS A CONSEQUENCE OF					
D.107	OTHER CICENTIST IN CONCUE	(c)						
	DINER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART	1 (a).			
190. [ATE OF OPERATION	I 19b CONDIT	ION FOR WHICH OPERATION W	AS PERFORMED?			20 AUTOPSY?	
윤		1,70 00,751	TOTAL OF ENTROPY OF	AS I EN OWNED:			YES XX	
	TERNAL CAUSE WAS	216 TIME OF		OW INJURY OCCURRED	ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PA		NO []
UND!	RLYING OR RIBUTING CAUSE OI		MONTH DAY YEAR				of 1	
21d II	IURY OCCURRED	21e PLACE C	OF INJURY (AT HOME, 21f. LO	CATION				
¥ WHII	ORK AT WORK	STREET, FACT	ORY, FARM, ETC.)	TREET	CITY OR TOWN	co	UNIY	STATE
	I. I certify that I taak cha	arge of the remains des	cribed above held on Auton	sy XX, Inspection	Inquiry .	and in my ap	ounion	
		tural causes XX,	Accident . Suicide		Undetermined manner	7.	en nati	
dea			, , , , ,	TITLE (SPECIFY)	- January III			
	Annual I	(D) (A) (A)					4-20-	21
ACTU	AL DUCIN	in Libe	La M	D. Assistant	MEDICAL EXAMINER	DATE	D 4-20-0	01
ACTU SIGN	ATURE	a Lille				SIGNE	D 4-20-0	
ACTU SIGN EXAM (TYPE	INER'S NAME VI	rginia L. [Oolan, M.D.	ADDRESS	II Penn Str	SIGNE	4-20-6	
EXAM (TYPE	INER'S NAME VITOR PRINT) CREMATION, REMOVAL	23b. DATE	Oolan, M.D.	ADDRESS		SIGNE		
ACTU SIGN EXAM (TYPE 230. BURIAL, (SPECIFY)	INER'S NAME VITOR PRINT) REMATION, REMOVAL LIA	23b. DATE 4/23/81	Oolan, M.D.	ADDRESS R CREMATORY	II Penn Str	signe et		



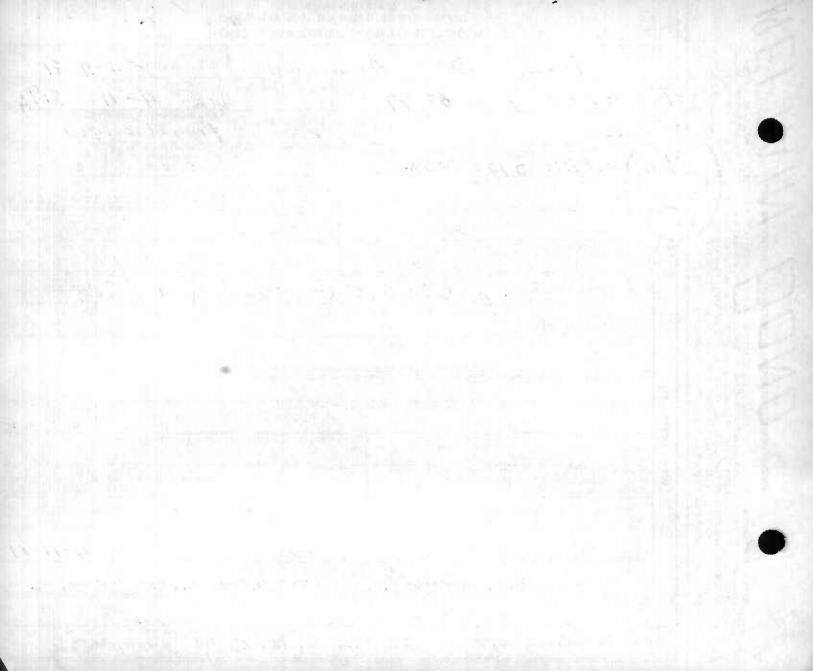
li	FOR - STATE		STATE OF A	MARYLAND H AND MENTAL H	YGENE	11092	
	REGISTRAR DECEASED NAME (TYPE OR PRINT)	FIRST	DICAL EXAMINER'S	CERTIFICATE O	20. DATE KNOW	G. NO. N MONTH DAY YEAR 75. P	HOUR
1-		5. DATE OF BIRTH	Anders IF U	NDER 1 YR. IF UNDER 2		MONTH DAY YEAR 24	M
70.	Nale 131	ack 8-29 76. CITIZEN OF WE	YEAR LAST BIRTHDAY MON YEAR LAST BIRTHDAY MON HAT COUNTRY?		PRONOUNCED DEAD 9. BALTIMORE CI	14-5 1981	F W
-	FOREIGN COUNTRY) Vashington, I CITY OR TOWN OF DEAT		MARE WIDON PITAL, NURSING HOME, OR OTI	WED DIVORCE	- MY 1201	TYPE OF WORK 12 KIND OF BUSINE	MD.
	Cheverly	LIE NOT IN SUCH EA	cility, Give Street ADDRESS) eorges Hospital		for most of working life Clerk Typi	st OR INDUSTRY None	33
13e	Md I	3b. COUNTY)	13c. CITY OR TOWN OXON HILL	13d. INSIDE CITY LIMITS? YES NO 🔼	13. STREET ADDRESS 5102 Glass	Manor Drive	
1.0	TATHER'S NAME	MIDDLE	nderson	15 MOTHER'S MAIDEN	NAME	Lewis	
160	NO .	N U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 577-58-9643	Mrs. Bev	erly Anderso	RESS n/wife/same as 13	3e
3	PART I DE ATH WA		for (a), (b), and (c).)	the		APPROXIMATE INTER	VAL DE ATH
	Canditians, It ar	DUE TO, OR	AS A CONSEQUENCE OF	1			
	gave rise to i cause (a) stating t lying cause last.		AS A CONSEQUENCE OF				
2		CONDITIONS CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERMINAL DISEASE LESTELLISION	SE OR CONDITION GIVEN IN PART	[] (a),		
MEDICAL CERTIFICATION	19a. DATE OF OVERAT	ION 196. CONDA	ION FOR WHICH OPERATION V	WAS PERFORMED?		20 AUTOPSY?	000
MEDICAL CERTIFICATIO	210. EXTERNAL CAUSE UNDERLYING O	R HOUR A.M	MONTH DAY YEAR	IOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITE		
MEDIC	CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTR	D 21e PLACE C		OCATION STREET	CITY OR TOWN	COUNTY	STATE
230		aak charge of the remains des			A. Inquiry J.	and in my apinian	
	death resulted fram:	Natural causes ,	Accident . Suicide .	I, Homicide TITLE (SPECIFY) Deputy	Undetermined manner [DATE 44-5-8	7.1
2	EXAMINER'S NAME (TYPE OR PRINT)	ugusto P. R	odriguez M.D.		MEDICAL EXAMINER	Camp Springs, Md.	
230	BURIAL CREMATION, REI	MOVAL 23b DATE	23c. NAME OF CEMETERY C		23d LOCATION CITY OF TOWN	COUNTY-WASHIE	
24	FUNERAL DIRECTOR	4-11-81	Lincoln Me 2th St., N.E., D.	250. DANE (N	Suitland,	Md.	100
	Om I. Mille	35 W., 3015 1	ZCII St., N.E., D.	.c. 2001/		17	200





and to to the same and the same AND DESCRIPTION OF SECURITIONS AB- M. CERTIFICATION OF ST. OF ST. OF ST. A A C. C. . A W. Q. . Studies

1	1-	FOR			OF MARYLAND	TAL HYCIAIR I	111194
	11-	STATE		DEPARTMENT OF HE		TE OF DEATH	
		REGISTRAR CEASED NAME	FIRST	MIDDLE	LAST	20. DATE KNO	REG. NO. DWN MONTH DAY YEAR 12b, HOUR
\$ & & & E		F OR PRINTI	nez	D. A	rmwoo	OF ES	
S NECESSARY PLEASE SEUNERAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS I W. PRESTON STREET.	J. SE	2 1 2 1	S. DATE OF BIR MONTH D	TH YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 7 7 YRS.	IF UNDER 1 YR. IF I	UNDER 24 HRS. 26. DATE DURS MIN: PRONOUNCED DIPLEMD	MONTH DAY YEAR 24 HOUR
S NECESSARY EVINERAL DIF SES FOR YOU ED, WITHIN 72	7a. B	RTHPLACE (STATE OR REIGN COUNTRY) Florida	76. CITIZEN OF	WHAT COUNTRY? 8.	MARRIED NEVER	- 9 BATIMORE	ECITY OR COUNTY OF DEATH
FF SE SO O		TY OR TOWN OF DEATH		IOSPITAL, NURSING HOME,			OR INDUSTRY
ANY DE AND 3 TO RETAIN HOULD B	USU/ 13a. S	TATE D.C.	NG HOME OR OTHER INSTITUTION	13c. CITY OR TOWN Washingt	13d. INSIDE CITY LI	IMITS? 130. STREET ADDRESS	th Street, N.E.
MD. 2 H. IF A N. 3. A N. 3. SHO D. 2 SHO	14 E	ATHER'S NAME		, wasting t		MAIDEN NAME	th Street, N.E.
DEATH DEATH MA PM AND 2		Samue1	MIDDLE	DeBois	FIRST	ictoria	Dorsey
TON ST., BALTIMORE. 24 HOURS AFTER DEA ITEM 18 GIVE PAGES ILONG WITH PRAR P PERMIT. PAGES 1 AN GIENE, DIMISION OF	16a. V	VAS DECEASED EVER IN ES, NO, OR UNKNOWN) (1	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY N 218-20-4	1437 Att		DDRESS Smith/God Nephew
RDS, 201 W. PRES' EXECUTED WITHIN ING" IN PENCIL IN INGAL EXAMINER A N BURIAL - TRANSII H AND MENTAL HY WATION, OR REMO	Z	Conditions, if any gave rise to in couse (o) stating th lying couse last.	(b)	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF ATH BUT MOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIV	/EN IN PART 1 (a).	
SHOULD BE CORD THE WIND BE CORD FROM SHOULD BE CHIEF MED BE USED AS A MIT OF HEALTH	CERTIFICATION	19a, DATE OF OPERATI	ON 196. CON	IDITION FOR WHICH OPERAT	ION WAS PERFORME	D?	20. AUTOPSY?
S CERTIFICATE SH STITING THE WOR ROED TO THE CI E 3 SHOULD BE LE E DEPARTMENT OF PRIORY TO BUILD		210 EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA	HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN	YES NO 🚱
DIVISION CERT WARDED 19 AGE 3 SA FATE DEPARTED PROPERTY OF THE DEPARTY OF THE DEP	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WO	HILE STREET.	CE OF INJURY (AT HOME, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
MEDICAL EXAMIN COUTE THE CERTIFIC SEA 5 HOULD BE FUNERAL DIRECTO FIRE DEATH, WITH THE	2	220 I certify that I to death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME ITYPE OR PRINT)	Natural causes ,	doctribed above, held an Accident , Suicident	de , Homicide TITLE (SPEC M.D. Depu	CIFY)	DATE SIGNED 4-11-8)
PAGE PAGE	23a, B	URIAL, CREMATION, REA			TERY OR CREMATORY		COUNTY STATE
BP	24 F	INFRAL DIRECTOR	4-16-		Memoria 25a		dover Md
DHMH - 17 (VR A15 ME (5)) 15M 2/80	3	ohn T. Rh	ines Co.ADD	RES3015 12th S	t., N.E.,	APR 2:3 1981	Frifing Ma Broody



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN P Selden (TYPE OR PRINT) Oliver BABCOCK ESTI-5 FOR YOUR FILES. D, WITHINT2 HOURS W, PRESTON STREET, DEATH MATED IF UNDER 24 HRS DATE BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA DIVORCED New York
10. CITY OR TOWN OF DEATH B. GIVE PAGES 1, 2, AND 3 TO THE FU WITH FORM PM 3. RETAIN-PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED, 1 DIVISION OF VITAL RECORDS, 201-W, 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Reader, USGovt Ret8d Southern Mary Tand Hospital Clinton USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) Pr. Georges Brandywine 13d. INSIDE CITY LIMITS? 136904 Floral Park Rd.20613 Maryland NOX 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST Babcock Mabel Wheeler George 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IE VES, GIVE WALLOR DATES) Mrs. Etta K. Babcock, same as #13 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) SAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: relenter andro vanula IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES [] NO L E 3 SHOULD BE DEPARTMENT SHOULD BE 710. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion Accident Homicide Undetermined manner death resulted from: Notural causes TITLE (SPECIFY) M.D. Denuty MEDICAL EXAMINER EXAMINER'S NAME 5009 Rayburn Ct., Camp Springs, Md. P. Rodriguez, M.D. gusto (TYPE OR PRINT) 23d. LOCATION 23g, BURIAL, CREMATION, REMOVAL 23b. DATE STATE Washington, Cremation 5/5/1981 Lee's Crematory Funeralone 6633 Old Alex 750. DAY REGISTRAN 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR AT5 ME (5)) 15M 2/80

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Huntt Funeral Home Waldorf, Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

DHMH-16 30M 2/80

(VRA 15, 4)

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Tunte dunieral some callers, Juryland L. C. C. C.

an Mayor Sales Are

16	1-	FOR STATE			MARYLAND I AND MENTAL HYGI CERTIFICATE OF D	EATH	1097
₩~~48.m	1. DE	REGISTRAR CEASED NAME FIRST E OR PRINT) AL	EXANDER MONE		LAST	REO. INC.	MONTH DAY YEAR 26. HOUR
ECESSARY, PLEASE NERAL DIRECTOR. GOR YOUR FILES. WITHIN 72 HOURS	3 SEX	Male White	S. DATE OF BIRTH	6. AGE I'M YEARS IF UN LAST BIRTHDAY) MONT	NDER 1 YR. IF UNDER 24 HR	RS. 2c. DATE PRONOUNCED	MONTH DAY YEAR 2d HOUR 21 27 19 81 9:16 a M
	FO	RTHPLACE ISTATEOR REIGN COUNTRY) Mass.	U.S.A.	WIDOW		PRINCE (GEORGE'S MD.
一大学の出まり		TY OR TOWN OF DEATH Lanham	11. NAME OF HOSPITAL, NU (15 NOT IN SUCH FACILITY, GIVE: Doctors Hos	enital of Pi	D	USUAL OCCUPATION ITYPE OF FOR MOST OF WORKING LIFE) Traftsman -	Dept. of Army
ST., BALTIMORE, MD. 21201 OURS AFTER DEATH. IF ANY DELAY 18. GIVE PAGES 1, 2, AND 3 TO 3. WITH FORM PM. 3. RETAIN PA AIT. PAGES I AND 2 SHOULD BE FE E, DIVISION OEVITAL RECORDS, 2	Ma	ryland Prin	ce George G	OR TOWN Dale			tation Rd.
BALTIMORE, MD.: SAFTER DEATH. IF GIVE PAGES 1, 2, 1 ITH FORM PM. 3 ITH FORM PM. 3 PAGES 1 AND 2 SH IVISION OF VITALE		THER'S NAME FRST UNKNOWN VAS DECEASED EVER IN U.S. AR	MIDDLE IAN SO	CIAL SECURITY NO.	15. MOTHER'S MAIDEN NA ETTEN 17. INFORMANT GT	enn Dalegess	Robertson
BALTIM RS AFTER GIVE PA VITH FOI PAGES	(Y)	yes IF YES, GIVE		-14-5146			6 Bell Station
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF RITING THE WORD "PENDING" IN PENCIL IN TIEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WEST SANDLUD BE USED AS A BURAL—TRANSIT PERMIT. EDPARTMENT OF HEALTH AND MENTAL HYGIENE, DO I PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PARTIDEATH WAS CAUSE! 4292 Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	DBY: TE CAUSE (6) 11 FEVE (DUE TO, OR AS A CO) (b) DUE TO, OR AS A CO)	NSEQUENCE OF	· Alerder VA	mular des	BETWEEN ONSET AND DEATH
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DIVIE THIS CEF WARTIEN WARDED PAGE 3 STATE DEI 21201 PI	WEI	WHILE NOT WHILE C	STREET, FACTORY, FARM,		STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		death resulted fram: Natur	ge af the remains described ab		Hamicide Un TITLE (SPECIFY) Deputy	Inquiry , and determined manner ,	DATE 4-27-81
TO MEDI EXECUTE PAGE 4 TO FUNI RAFTER DE	23a B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL		uez, M.D.	ADDRESS	ourn Ct., Camp	Springs, Md.
0404	(5	Burial JNERAL DIRECTOR Beal	/30/81 Md		c Com	the Itenham, By REGISTRAR PEGIST 1981	Mary land STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	16000 Annapo	lis Rd., Bow	ie, Md.	MAY 6	1981	Solway

Harylanc Prince Gnorse Glenn Fle x 6016 Nell Station No.

Linknown Ellen Robertsgel

Glenn Fale, Maryland

Ves Hw 11 506-14-5146 Margaret F.Brilev.6016 Bell Station

Burial 430/81 sr. Veterins Cen. Chelten m, Marylon Beall Funeral Annels 16000 Annendis Rr., Drwie, Mr. Mark 1981

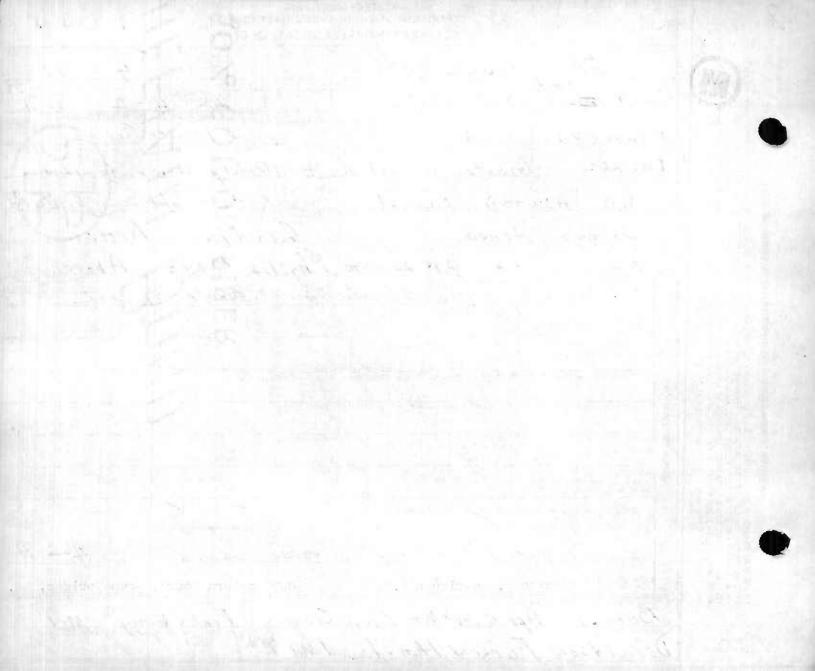
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STATE OF MARYLAND

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O MORPH	K	make to	12-30	YEAR LAST RIPTHE	MONTHS DA	YS HOURS MIN	PRONOUNCED	173	E.
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2/4/4 S O II	4	TY OR TOWN OF DEATH		SPITAL, NURSING HOM ACILITY, GIVESTREET ADDRESS)	E, OR OTHER INS	TITUTION 12a.	USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	YPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY	>
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ST.,	18	 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE 	y one couse per lin	for (a), (b), and (c).)	. T . N	1 11.57-		APPROXIMATE INTERVA BETWEEN ONSET AND DE	ATH
ON S ITEM ONG SIENE VAL.	1	I A CO SIMMEDIA		rughell	were	MACOUR	nemar as	plane	
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D WITH		cause (o) stating the <u>under-</u> lying cause lost.	DUE TO, OF	R AS A CONSEQUENCE	OF				
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EXECUTED ING IN PRICAL EXAMPLE AND MEL AND MEL WATION, C.		PART 2 DTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1 10	1.		=
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DIVISION OF VITAL RECALL THIS CERTIFICATE SHOULD BY OATE, WIRTING THE WORD. FEN FORWARDED TO THE CHEFF MEI OR: PAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HEAL, CR. IND, 21201 PRIOR TO BURIAL, CR.	CERTIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHICH OPE	RATION WAS PER	FORMED?		20 AUTOPSY?	-
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MAR VAR VAR		AT WORK AT WORK							
L EXAMINER: 1 CERTIFICATE, DUID BE FORW, L DIRECTOR: P H, WITH THE SI	1	22a I certify that I took charg	e of the remains de	seribed abave, held an	Autopsy	Inspection	Inquiry O	and in my opinian	
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AEDIC FULL FINE FINE FINE		EXAMINER'S NAME AUGUS	to P Roc	driguez M.D.		5000 Pau	burn Court	Camp Springs, Mo	1
TO MEDICAL EXAMINE EXECUTE THE CRETIF PAGE 4 SHOULD BE TO FUNERAL DIRECTOR PATER DEATH, WITH	77. 0		3b. DATE					camp springs, Mc	=
	(30.6	750	A CALL	23c. NAME OF CE	METERT OR CREW	TATORT 230	LOCATION	COUNTY STATE	
BP	74 E	JONE AL DIRECTOR	TPK-5/19	BUIL	10n C	em.	1 Into bu	ing Mol	
DHMH - 17	1	NAME NAME	ADDRESS	111	1 1	PR	BY REGISTRAR 256 REG	LISTERARIS SIGNATURE	
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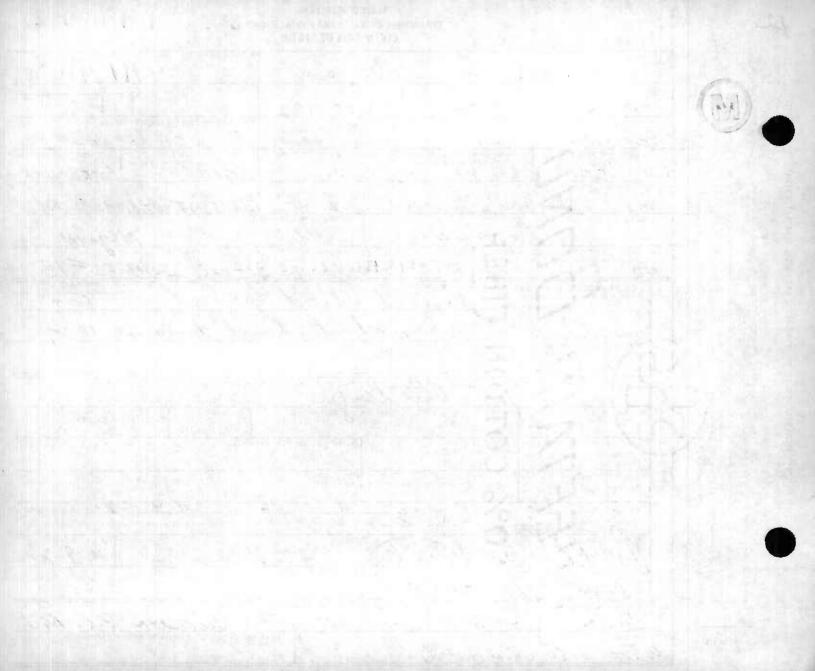
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STATE OF MARYLAND

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14		1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	MIDOL	E 0 L	AST	20. DATE OF DEATH MON	, 20 11001
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	(max)	3. SE	×	4 RACE	5. DATE C	FBIRTH DAY , YEAR	6. AGE (IN YEARS LAST BIRTHOA	Y) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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	14		RTHPLACE (STATE OR FOREIGN)	Th CITIZEN OF WHA	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR CO	
st.	the state of	10. C		11. NAME OF HOS	WIDOWE PITAL, NURSING HOME C		12g. USUAL OCCUPATION	LIZE KINDOF BUSINESS OR
6	1 11 100	C	LINTON		ILITY, GIVE STREET ADDRESS)	enter	CTIFE OF WORK FOR MOST OF WO	
212	be in		AL RESIDENCE (IF NURSING HOME OR COTATE) 136 COUNT		RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	DO-AD/
ANA	filled hould		Md PR. C	700 S	UITLAND	YES 🔀 NO 🗌	3815 ST. L	SARNABAS Rd
RYE	pletely nd 2 s	14. F/	THER'S NAME FIRST N	AIDOLE,	LAȘT	15. MOTHER'S MAIDEN NA	WE	LAST
W.	e E a		UN	KNOU		MARY		MEGANN
AORE	Pages 1	1	4 4	MED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	10 A 1 A F 13
II.	cian Cian Linerri	=	70	10		VIRGINIA L	SIGGER SA	MP FILT 15
. 8	physical physical paper mayor vent, t		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	(5) (6), and (c).	o Keary 9	failure	BETWEEN ONSET AND DEATH
IS N	ding srbar ar rer		4/14	E CAUSE (a)	Barrier San	1 11		
STO	ion, co		Conditions, if any, which	DUE TO, OR AS	CONTROUENCE OF	erotio Le	wit disea	sp (01)
/ PR	the o		gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF			
	d by the ease re- ial, crem		underlying cause lost.	(c)				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	equires in signe Then pl r to buri injury, c	NOI	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTI	RIBUTUS O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0)
SECO.	s beer reprier	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION	V S PERFORMED	20a AUTOPSY? 201	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
IAI :	hysician. icate has ransit per Hygiene 18 shaws	RTIF					YES NO	YES NO
7	og physici og physici certificate rial-transi ental Hygi item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18, PART 1 OR PART 2)
O		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		19	AN LOCATION		
VISIO	or attendir After this e as the bu	MED	WHILE NOT WHILE AT WORK	21e PLACE OF IN	ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
5			220.1 certify that (I) (this hauption	al) attended the de-	ceased from	8-1 19 46	10 4 G	, 19 8 (, that (1) (we) last
	pital pital TOR: for us of He		saw the deceased alive on_	4	18 19 8 00	d that in (my) (sor) opinian	death accurred an the date o	nd hour and fram the causes stated
	OK AI e hasp DIRECT ached fo Dept. a f Hem 2		THE SIGNATURE	1.00		DEGREE		22c. DATE SIGNED
	o HOSPITAL Control of HOSPITAL Control of FUNERAL Dishould be detacted with the State Department: If		Hrank DIF	Mex	cui Ay		MEDICAL STAFF DIRECTOR PHYSICIAN	0 4.9.8,
	FUNE FUNE build be that the Scort Al		d. PHYSICIAN'S NAME (TYPE	- , , 6	/	22e ADDRESS		
	to Hospilar To FuneRal. Ishould be deto with the State I	22- 5	TRANK SE	1666K1		THEY SOL COST IN TO	Test location.	
70	BP		URIAL, CREMATION, REMOVAL	23b. DATE 4-13-3	El Code al	METERY, OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY ASIATE
		24 F	INERAL DIRECTOR	1/100	CLARES	ABOLOA!	PRECIDENT REGISTRARIZES	REGISTRAR'S SIGNATURE
DH	MH-16 30M 2/80 (VRA 15, 4)	K	alas 6160 c	OXON HII	AOD RESS*			//
					1 77			



Funeral Home Rd. Suitland, Md.

STAIL OF MARTLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

FOR

REGISTRAR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

MIDDLE

CAU

Th CITIZEN OF WHAT COUNTRY?

USA NAME OF HOSPITAL NURSING HOME OR

MALCOLM GROW USAF MED

FORRESTV

BIRD

301-14-1655

166, SOCIAL SECURITY NO.

LEONARD

4 RACE

PRINCE GEORGE

JUSTIN

18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and (c)

(IF YES, GIVE WAR OR DATES)

DEPARTMENT OF HEA CERTIFIC

	EALTH AND N			0.110	1	•		
L	AST	40.00	20 DATE OF DEA	G. NO TH MONTH	DAY	YEAR	26 HOU	R
В	IRD			APRIL	15	1981	6:20	A M
DATEC	DE BIRTH DAY 27	YEAR 1923	6 AGE (IN YEARS LA	AST BIRTHDAY)	MON	THE CAYS	IF UNDER	MIN
	XXNEVER N		9 BALTIMORE C PRINCE	ITY OR COUR	VITY OF		Y	MD
HOME C	DE CENTE		120 USUAL OCCI		G LIFE)	126. KIND O INDUSTRY MILI		SS OR
STVI	134 INSIDE CI	TY LIMITS?	130 SIREET ADDI	NNELL	PLA	.CE		
	15 MOTHER'S AL	IRST		DDLE		ROBE	RTSON	V
Y NO.	DOROTH		7200 Fores	Donnel Stville	1 P	lace		
r c	arr	es + CAI	RDIAC ARI	REST		APPRÓX BETWEEN	MATE INTER ONSET AND	VAL DEATH
CE OF		SEP	SIS				GN.	
CE OF	L reva	EPATIC	AND RENA	AL FAIL	URE			

DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

30

21f LOCATION

MAR

DEGREE

CITY OR TOWN

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

22b. SIGNATURE

22e ADDRESS

in (my)

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

22c. DATE SIGNED 15 Apr 81

FOR

REGISTRAR 1. DECEASED NAME

O BIRTHPLACE ISTATE OF FOREIGN

CITY OR TOWN OF DEATH

ANDREWS AFB MD

WILLIAM

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

MICHIGAN

USUAL RESIDENCE LIF NUR

(YES. NO OR UNKNOWN)

YES

- STATE

(TYPE OR PRINT)

MALE

COUNTRY

MARYLAND

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Item 18 s

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morked

If Hem

MPORTANT

14 FATHER'S NAME

3 SEX

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased glive on 15 Aprobave (1) we (did) did not view the body after death.

MC

CEN

(SPECIFY)

CERTIFICATION

MEDICAL

230. BURIAL CREMATION, REMOVAL Buria 04/20/81

23c. NAME OF CEMETERY OR CREMATORY Arlington Nationa

23d. LOCATION Arlington,

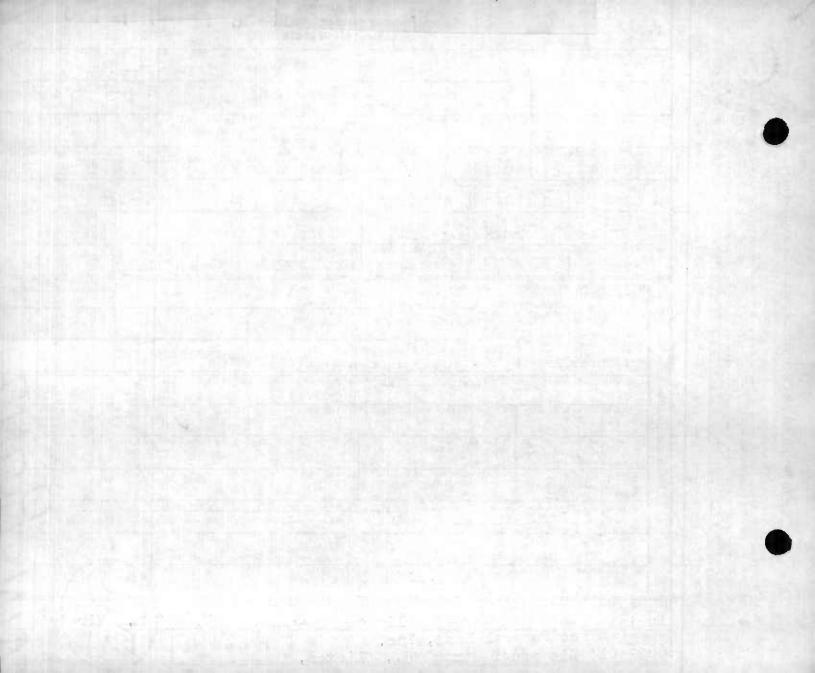
(our) opinion death occurred on the date and hour and from the causes stated

Virginia WORLER ASB. REGISTRAR'S SIGNATURE

DHMH - 16 60M 1/75 (VR A 15 (4))

24. FUNERAL DIRECTOR DE Funeral Home Inc.

Alexander Ferry Rd., Clinton



completely filled

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this certificate has been

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should be detoched with the Stote Dept.

njury, or other troumatic event, the

DWS OR

MPORTANT: If hem 21 is morked or them

STATE OF MARYLAND

1 - STATE REGISTRAR			DEPARTN			F DEATH	GIENO I	REG. NO.	1		0 3
1. DECEASED NAME	FIRST		MIDDLE	199	.AST		20 DATE OF D	EATH MONTH	DAY	YEAR	26 HOUR
(TIPE OR PRINT)	Anni	le	М.	B1	ack		4-27-8	1			11:30a M
3. SEX		4 RACE		5. DATE C			6. AGE INYEA	RS LAST BIRTHDAY)	IF UND	DER 1 YEAR	IF UNDER 24 HRS
Female		Wh:	ite	8 ONT	17	1893	87	YRS	MONTH	SDATS	HOURS MIN.
To BIRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE	CITY OR COUN		EATH	
Washington,		USA		WIDOWE	D	ER MARRIED		e George			MD.
10 CITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER	INSTITUTION	12a USUAL OC				OF BUSINESS OR
Riverdale		Lela	nd Memori	al			House	or most of working wife	S LIFE) IN	DUSTRY	ome
USUAL RESIDENCE (IF NUF 130 STATE Maryland	136 COU	VTY	130 CITY OR TOWN	N	13d. INSID	E CITY LIMITS?	130 STREET AC 6631	DRESS 23rd Av	enue		
14 FATHER'S NAME FIRST Dennis		MIDDLE	Dailey			er's MAIDEN NA		WIDDLE	Schr	neide	er
160 WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFOR	TAAM		ADDRESS			
(YES, NO OR UNKNOWN)		ONE	577-09-9	161	Roy	E. Breme	erman	Same as	Item	1 136	е.
18 CAUSE OF DEA	WAS CAUSE	nly one cause per D BY. TE CAUSE (a)	line for (a), (b), and	o Pru	lmono	my are	est			APPROX BETWEEN	XIMATE INTERVAL LONSET AND DEATH
9275		DUE TO, OI	R AS A CONSEQUE	NCEOF	01.	1 5	1				
Canditions, if any gave rise to im		(b)	¢	10	recti	The sail	n aven				

couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION

19

19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTO	OPSY?	20b. IF YES, WERE FINI	DINGS USED
			YES 🛣	NO	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	O (ENTER NA	ATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2	3

MEDICAL 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY OFFICE, FARM, ETC) STREET CITY OR TOWN COUNTY STATE NOT WHILE attended the deceased Iron 22a. I certify that

sow the deceased olive an above, (file) (did did stryew/ye bady after death opinion death accurred an the date and havr and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

P.M.

Abraham Dabela, M.D. 4404 Queensbury Rd., Riverdale, Md. 20840

23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23(. NAME OF CEMETERY OR CREMATORY (SPECIFY) Brentwood Prince George Md". Burial May 1, 1981 Fort Lincoln

24 FUNERAL DIRECTOR Chambers Funeral Home Riverdale, Maryland

(IF EITHER, NOTIFY MEDICAL EXAMINER)

4-27-81

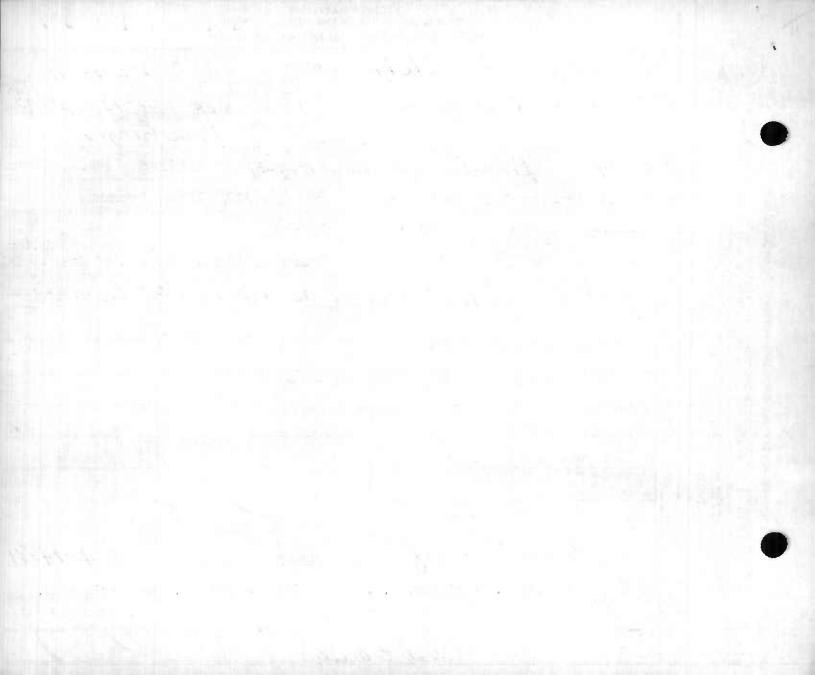
DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: retained by the hospital

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VI	79	-		STATE OF MARYLAND							
1		FOR STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
	6		EEGISTRAR EASED NAME . FIRST	7016	MIDDLE	LAST	ITICATE OF D	20. DATE KNOWN		DAY YEAR	2b. HOUR
	Devo bi		John John	2.	BARK W	WXX	eier	OF ESTI- DEATH MATED		13 1981	M
	IECESSARY, P. R. INNERAL DIRECTOR YOUR WITHIN 72 HOLD PRESTON STREET	3 550	Vale While	5. DATE OF BIRTH	1892 AGE	MONTHS D	YR. IF UNDER 24 HR	PRONOUNCED	MONTH 4-13	DAY YEAR	1335
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	S. 201 W.	10_CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTH		WIDOWED L				126. KIND OF BUSINESS UORINDUSTRY U.S. GOVT.	
	A Son A T		LEVENTY LIFT IN NURSING HOME O	OTHER INSTITUTION G	Cycle Legis	7 emin	MAGINA	Retii	ea	0.5. 6	ove.
A THE CONTRACT OF THE CONTRACT	MD. 21201 IH. IF ANY DELG YIS N I, 2, AND 310 THE FU M. 3. RETAIN PAGE 5 M. 3. RETAIN PAGE 5 VITALRECORDS, 201 W.	130 S	ryland Princ	e Georg	Jes Hyatt	S., 13d. IN	ISIDE CITY LIMITS?	119 M15th.	Avenu	e,	
	RE, MD. EATH. IF ES 1, 2, NND 2 SI NND 2 SI	14. EA	Robert	MIDDLE	Bieie		other's maiden na Barbara	WE WIDDLE		Trapp	
	ECORDS, 201 W. PRESTON ST., BALTIMO) DE EXECUTED WITHIN 24 HOURS AFTER D ENDING" IN PENCIL IN ITEM 18. GIVE PAG MEDICAL EXAMINER ALONG WITH FORM AS A BURIAL - TRANSIT PERMIT. PAGES 1 / ASTATITH AND MENTAL HYGIENE, DIVISION O CREMATION, OR REMOVAL.	16a. V	VAS DECEASED EVER IN U.S. ARA ES. NO. OR UNKNOWN) YES	AED FORCES?	166. SOCIAL SECUR 217-34-	17. IN 2050 Th	omas G.	gittings,		6 15th Wash.	
		NO	18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o) stating the under- lying couse lost.	DBY: E CAUSE (CD) DUE TO, OR DUE TO, OR	A CONSEQUENCE	E OF	aproled	Viscolo	der	BETWEEN ONSET	AND DEATH
			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).								
		CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOPSY?	NO P
			210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		M. MONTH DAY YE	AR 21c. HOW IN	JURY OCCURRED (EN	TER NATURE OF INJURY IN ITE	M 18 PART I OR PART	2)	
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	MEDICA CUTE TH SE 4 SH FUNER FUNER FIR DEAT		EXAMINER'S NAME	to P. Ro	driguez, M.	D 4000	5009 Ray	thurn Ct C			
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TON S	See See		LL 1 2 CIMMEDIAT	E CAUSE (o)	A CONSEQUENC		arovos	und ac	mure		
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XAMINE	ZE Z		death resulted from: Notur	ol couses	Ayegient .	Swicidy . Hor	micide Un	determined monner	<u> </u>		
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3=	SE ENT		SIGNATURE CALL		11 8	M.D	eputy	EDICAL EXAMINER	SIGNED.	7 11	-8/
TO MED	A SO SECOND		EXAMINER'S NAME AUgus	to P. Ro	driguez M.	D. ADDRESS	5009 Rayb	ourn Ct.	Camp Spr	ings Md	
22	PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.B	JRIAL, CREMATION, REMOVAL 2			EMETERY OR CREMA		LOCATION CITY OR TOWN	COUNT		ASE
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IMPORTANT: If Item 21 is marked or Item 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF DEA	TH	REG.	NO.		0 ,
1. DE	CEASED NAME E OR PRINT)	VAN		N.	BR	ADY		20. DATE OF DEATH	04-0	8-81	26 HOUR 1:27AM
3. SE	x Male		4. RACE Cauc.		S. DATE O		9°1°0	6 AGE (IN YEARS LAST	BIRTHDAY)	H UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
M	RTHPLACE (STATE OR COUNTRY) aryland		USA	what country?	WIDOWE		RCED 🗌	9. BALTIMORE CITY PRINCE GE			M
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	VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES GE	MED FORCES? VE WAR OR DATES)	578-30-6		Ruth V.	Brad	y same as	item 1	3	
	18 CAUSE OF DEAT PART I, DEATH W	H (Enter or	nly one couse per	line for (a), (b), an	-	0 1/0.	di:	Day		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
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MEDI	21d. INJURY OCCUR	11	218. PLACE O	OF INJURY EET, FACTORY, OFFICE	ARM. EXT 1.	211 LOCATION STREET	N	/ A CITY OR	town	COUNTY	STATE
			ital) attended the				r) opinian d	, to leoth occurred on the	dote and hou	or ond from the	that (I) (we) ast causes stated
	226. SIGNATURE		cans (2	M	PHY	NDING SICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN,	22c. DATE	SIGNED,
	CESAK	9	OOR. IMA	0.7	,	226. ADDRESS	Cape	Los Ker	git,	Blooms	(200)
(BURIAL, CREMATION, (SPECIFY) Buria		23b. DATE 4/11/8	1 Si	t. Tho	mas Epis	MATORY Copal	ch. Croc	m	P.G	Ma.
	P. Kalas 6	160 C	xon Hil	ADDRESS	n Hil	1. Md.	APR	160 1981 STR	IR 2 RECO	RAP	IRELY 3

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Burial L/11/51 St. Thomas Suluconel Ch. Groom

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Similary historing :

1/2					D STATE DEPARTM			
7 6 1			DIVISION OF	VITAL RECORDS,	301 W. PRESTON STI	REET, BALTIMOR	E, MARYLAND 21201	
7 7.					CERTIFICATE OF	DEATH		
. ~ :	1 0	ECEASED-NAME . First		Middle)	Lost		DATE OF DEATH	2b. HOUR
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de de de de de de		~u.c//	le	Wi	DRAUM		4 5	
for the start of t	3. S	× L	4. RACE	/ /	S. DATE OF BI		6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
af the s af		1-emale	(UK	iTe	Dec. 2	25, 1895	last birthday)	
nours after by the further for Pages 1	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED NEVER MAR	PRIED 9.40L	INTY OF DEATH	
P 55. T	cou	New York	U.S.A	A .		_ / / .	Thee George	700 Md.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the haspital ar attending physician. This certificate has been signed by the attending physician and completely filled in by the funeral stacked far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death		ITY OR TOWN OF DEATH			STITUTION (If nat in hospital		JPATION (Kind of work done	
within 2			give	street address)		during most of v	working life, even if retired.	INDUSTRY
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e executed and complet remave car nany event,	oam	ission) STATE Maryland	Prince	George	Brandywine	YES X NO	11000 Lusby	Lane
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at the death cer the attending p nsit permit. The matian, ar remo		1B. CAUSE OF DEATH (Enter an	ly ane cause per l	(ar (a), (b), and (c)	1 0 /	1 40	/	APPROXIMATE INTERVAL BETWEEN ONSEJ AND DEATH
를 를 1 8 - 1		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	an act	ive Hen	et FAI	luke	4 days
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winding direction of the second of the secon	1 6	19a. DATE OF OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED 20a. AUTO	OPSY?	20h. IF YES. WERE FINDINGS	CONSIDERED IN CERTIFYING
tending as been as the priartal	⊴	174. DATE OF OFERATION	CONDITION TOR W	THE OF ENTITION WHO I			CAUSES OF DEATH?	
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S de la contra del la contra de la contra de la contra del la contra de la contra de la contra de la contra del la contra d		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DE				CURKED (Enter natur	e of injury in Part 1 ar Port 2	Z, Ifem IB.)
5 套重点 /	MEDICAL	(If either, natify medical examin		. Mailli Day real				
L OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ge 3 shauld be detached far use as the burial-trariled with the State Dept. af Health priar ta burial, creating the state Dept.	¥	21d. INJURY OCCURRED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street	et or R.F.D. Na.	City ar Tawn	Caunty State
PH e la		While Not while at work		OFFICE BUILDING, ETC.	′			
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R: He he	1	causes stated obove	(We) (did	(old not view the	body ofter death.	(aur) aprillar	adam accomba an mo	adib dira noon dira nom mo
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OR ATTENDING OR ATTENDING be retained by the IRECTOR: After in e 3 shauld be de ed with the State			3	Loon o	DEGREE PHYS.	NG MED.	R STAFF	4,30.81
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VER GOT	-	Wild				trict H	1 111	20028
TO HOSPITAL OR Page 4 may be reductor, page 3 should be filed w.	230	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d.	LOCATION (City or Town)	(County) (State)
5 6 9 9		REMOVAL (Specify)	1/81	Cedar 1	Hill Cremator	rv	Suitland 1	Pr. Geo. Md.
4	24.	FUNERAL DIRECTOR		C 4DORESS	Onem IIII Da	2SO REC'D BY REG	ISTRAR 2Sb. REGISTRAI	R'S SIGNATURE
VR A15 (4) 25m-1/70	G	eorge P. Kalas	Funeral	Home Over	Hill MA	DATE A	1991 Juster	y/Machanday
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STATE OF MARYLAND

	1-	STATE REGISTRAR			DEPAR		ICATE OF DEATH	REG. NO).		
		EASED NAME OR PRINT)	FIRST Mabel		M.I.)		egman	April 7, 1		DAY YEAR	26 HOUR 3:11A. M
Ø	3. SEX		1	RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTI		IF UNDER 1 YEAR	IF UNDER 24 HRS
ij		Female		White		June	30, 1915 YEAR	65	YRS	MONTHS DAYS	HOURS MIN
4		THPLACE (STATE OR F	OREIGN 7	CITIZENOF	WHAT COUNTRY	Y? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	Y OF DEATH	
2	V.	irginia		U.S.A	_	WIDOWE	D DIVORCED	Prince Geor		County	MD.
L		YOR TOWN OF DE		(IF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF		FE) INDUSTRY	Store
Н	USUA	L RESIDENCE LIF NUR	SING HOME OR C	THER INSTITUTION,	GIVE RESIDENCE BEF	ORE ADMISSION)	aı	Clerk		Depte	50016
9	13a S1	ryland	P.G	Υ	Upper M	NWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 402 Ketter	ing (Court	
f		THER'S NAME		-	opper n	arroor	15. MOTHER'S MAIDEN NA	ME	26		
þ	0s	car	MI	DDLE	Silky		Ruth	WIDDLE		Fost	
1		AS DECEASED EVER	IN U.S. ARM		166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS Add	dress Sa	ame As
	No	3, 140 OK OKKI40 WIY	(11 123, 0142 4	VAN OR DAIES)	217-34	-2273	Leon Bregman	n	No#	# 13e.	
			IMMEDIATE	DUE TO, OI DUE TO, OI DUE TO, OI IC) DIDITIONS CO		DUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE		VEN IN PART 1(
1	CERTIFICATION	190 DATE OF OPERA	ATION	196. CONDI	TION FOR WHIC	LH OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	FYING CAUSES	
	CAL	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR WHILE NOT V	CAUSE OF DEAT CAL EXAMINER)	P., 21e PLACE	M. MONTH M.	19	21f. LOCATION STREET	RED (ENTER NATURE OF INJUR		PART 1 OR PART 2)	STATE
		220 I certify that (I	ORK -	al) attended the	e deceased from	Man	17 10.80	ta Aprel	6	19.8/	that (I) (we) last
		saw the decease abave, (1) (we) (sed alive an_	MARKER	27 19		nd that in (my) (our) o pinian	death accurred an the do	ite and had	ur and fram the	causes stated
		226. SIGNATURE	A	Grin	ce m	orc		MEDICAL STAF	F IAN 🗆		1 7,1981
		22d PHYSICIANIS N).		5410 Conn. A	ve. N.W. Sui	ite#1	19-Wash	. D.C.
	23a B	URIAL, CREMATION		23b. DATE		c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	(5	Bur	ial	4-9-81	F	t. Lin	coln Cemetery	Brentwood	1	P.G. M	aryland

DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If hem 21 is marked or

4-9-81 24. FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Md. P.G. Maryland

PORTUREC'D IN REGISTRAR 255, REGISTRAR'S SIGNATURE

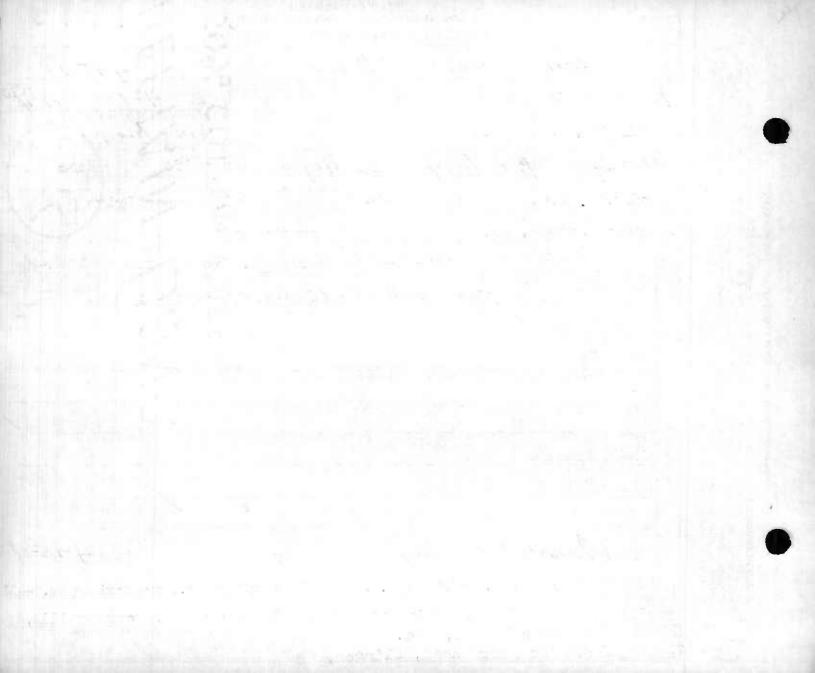
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normal . 4-3-7 W. Lincoln Coratery Frenchmond . 18. . Lincoln .

P. Carchia Sons T.M. P. M. T. Leville, 10.

2	1.	FOR		DEPARTM		OF MARYLAND ALTH AND MENTAL HYG	IENE R	1 1 1	12
	1.	- STATE REGISTRAR				CATE OF DEATH	REG. N		
		CEASED NAME FIRST		MIDDLE	LA	ST	20. DATE OF DEATH		R 26 HOUR
1 01	(TYP	JOSEI	РН	Α.	BROC	KS, Jr.	0	4-27-81	10:25AM
The state of the s	3. SE		4 RACE		5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER LY	
1 (441)		MALE	BLACK		3	11 40	41	YRS.	TTS HOURS MIN.
1 1 1 H	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) WASH., D.C.		S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	14	GEORGES CO	
to after a	#	CHEVERLY			HOME OF	ENERAL HOSP.	128. USUAL OCCUPATION OF WORK FOR MOST C	ON 126. KIN	D OF BUSINESS OR
AND 21201	USU IBo.	AL RESIDENCE (IF NURSING HOME ISTATE 136 COL	OR OTHER INSTITUTION JNTY • G •	GIVE RESIDENCE BEFORE A 130 CITY OF JOWN RIVERDAL	E	YES NO	13e STREET ADDRESS		
1 1 1 1/	III. E/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		IAST
MA Day AO	9_	JOSEPH	Α.	BROOKS		PEARL		FORT	
ORE CORE			RMED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDR		
A 16 E		NO L		578-52-72		SYLVIA BROOK	S 6611 FUR	MIN PARKWA	ROXIMATE INTERVAL EN ONSET AND DEATH
that the death certit d by the attending and corporate comparing and corporate corporate corporate are corporate a		18 CAUSE OF DEATH (Enter-PART I. DEATH WAS CAUS IMMEDI. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	Acute Re RAS A CONSEQUEN Bilateral RAS A CONSEQUEN Emphysi	ICE OF	nion Present	thorax		
RDS, 20	NO	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PAR	1(a)
TAL RECORDS, The law requir tion. The law requir te has been sig te has been sig te has been sig te has been sig ster permit. Then	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH O	PERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	DINGS USED SES OF DEATH?
OF VI	6	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	OF INJURY M. MONTH DAY M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I OR PART	2)
DIVISION DING PHYS or attending After this or e as the bur alth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FAR		211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
ATTENDI spitol or CTOR: A Ifor use of Heali		220 I certify that (1) this has saw the deceased alive a above (1) (we) did (did a			4-1 , and	that in (aur) apinian d	, ta		_, that ()(we) last the causes stated
PITAL OR , by the ho lefter DIRE of detached State Dept ANT: If hen		226. SIGNATURE	Ste	colon	- P	ATTENDING PHYSICIAN	MEDICAL STAP	F	ZF-F/
C HOSPII		Longs Ste	inblig	0		220 ADDRESS 6492 (an.	dover Rd	Landove	nd
3 (E 3) = " ; 3		BURIAL, CREMATION, REMOVA	L 236. DATE	23c NA	ME OF CE	METERY OR CREMATORY	23d. LOCATION		
BP		BURIAL	5/1/	81 HAR	RMONY	MEMORIAL PAR		P. G.	MD STATE
DHMH- 16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR		421 FIA		25e. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE,

					TE OF MARYL				4 149
	1-	FOR STATE REGISTRAR	MI	DEPARTMENT OF			EATH	1 1	113
1	1. DE	CEASED NAME FIR	ST	MIDDLE	LAST	TICATE OF B	R	EG. NO.	DAY YEAR 25 HOUR
0	{TY	MOI	ma di	ruise	Brown	n	OF EST	1	-15 1981 M
-	3. SE	emale Whit	5. DATE OF BIRTH	YEAR LAST BURTHE		YR. IF UNDER 24 HE	PRONOUNCED	4-15	DAY YEAR 2d HOUR
47	70. B	IRTHPLACE (STATE OR DELIGN COUNTRY) ISIN D	C. U.S.A	VHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE	CITY OR COUNT	TY OF DEATH MD
14	10 0	heverly	BY INCE	SPITAL NURSING HOM PLAY GIVE STREET AS METERS THE PHYSICAL	E, OR OTHER INST	pital H	USUAL OCCUPATION OR MOST OF WORKING L	ON (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY Home
くく	130. 5	AL RESIDENCE IF IN NURSING H TATE 136. C Lryland P	OUNTY • G •	list city or town Camp Spr:	113d INS		STREET ADDRESS	son Dri	ve
101		ATHER'S NAME INTENCE Dut:	row, Sr.	LAST		orothy R	ME		LAST
1	16a. \	WAS DECEASED EVER IN U.S		16b. SOCIAL SECURIT	Y NO. 17. INF	ORMANT T		DRESS	
1		18. CAUSE OF DEATH (Ent	/a	217-28-8	3046 Ch	arles R.	Brown	same a	s 13 A-E
		Conditions, if dhy, we gove rise to immedicate (a) stating the unitying cause last. PART 2 OTHER SIGNIFICANT CONDI	/hich diote	R AS A CONSEQUENCE R AS A CONSEQUENCE M BUT NOT RELATED TO THE TEX	OF	DITION GIVEN IN PART 1 (g)			
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2	CERTIFICATION	190. DATE OF OPERATION	196. COND	OITION FOR WHICH OPE	RATION WAS PERI	FORMED?			20 AUTOPSY?
2		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.	M. MONTH DAY YEA		URY OCCURRED (EN	TER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	रा 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	?le PLACE STREET, FA	OF INJURY (AT HOME, CTORY, FARM, ETC.)	211. LOCATION	٧	CITY OR TOWN	cou	UNTY STATE
		22a I certify that I took of death resulted from: I	charge of the remains displayed to the remains		TITL	LE (SPECIFY)	determined manner	and in my api	41-15-81
AFTER DEATH, WITH THE BALLIMORE, MARYLAN		EXAMINER'S NAME (TYPE OR PRINT)	ugusto P. I	Rodriguez M.	D. ADDRES	ss <u>5009 Ray</u> l	burn Ct	Camp Spr	ines Md.20031
20	Bi	urial,cremation,remov lrial	04/18/8	l Epiphar	METERY OR CREM		LOCATION CITY OR TOWN Urch Cen	. Forr	estville,MD
7 (5)66		uneral direque e Francisco e F			inten	APR 2 0	BY REGISTRAR 25	. REGISTRAR'S SI	IGNATURE .
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	equire
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	TO HOSPITAL OK ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TOLY have after death. Tretained by the haspital or ottending physician.
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	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	EALTH AND MENTAL ICATE OF DEATH		REG. I	NO.		5
		CEASED NAME OR PRINT)	FIRST XRUKN	KK W1111	Lam H.		Burner Jr		TE OF DEATH	April :	TEAN.	26 HOUR 1:00
1	3 SE	Male		White		S. DATE C			(IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 2
D.		RTHPLACE (STATE OR FO		USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED	Desi	timore city nce Geo	OR COUNTY		
184	I	ty or town of DEA aurel		Greater	Laurel	Belts	ROTHER INSTITUTION	Ltal 120 US	SUAL OCCUPA FWORK FOR MOST CATETAK		126. KIND OF	shop
35	USU. 130 S	AL RESIDENCE (IF NURSI TATE Md	HOWA!	OTHER INSTITUTION TY rd	Jessup	E ADMISSION)	13d. INSIDE CITY LIME YES NO	* 868	REET ADDRESS	Tree R	oad	
30	14 F/	THER'S NAME FIRST Willia		nry Bur	ner LAST		IS MOTHER'S MAIDE	ra Whit	The Late of the La		ŁAST	
2 medical		AS DECEASED EVER (es, no or unknown) no		AED FORCES? WAR OR DATES)	21.2 34		17 INFORMANT Clara Bur	ner as		RESS	APPROXIA BETWEEN O	
any injury, or other tro	ATION	Conditions, if ony, gove rise to imm couse (o), stotnic underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT	lost		ontributing to	<u>DEATH</u> BUT	NOT RELATED TO THE	Lua TERMINAL D	ISEASE OR COL	20b. IF YES,	WERE FINDIN	IGS USEE
18 shows o	CERTIFICATION	21a. ACCIDENT WAS UND	ERLYING	21b. TIME C			21c. HOW INJURY OF		NO NO NOTER NATURE OF IN	IN CERTIFY YES	ING CAUSES	NO [
ed or frem 18	MEDICAL	OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR WHILE NOT WH	ED	P. 21e PLACE	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.)	211 LOCATION STREET		CITY OR TO	оwи	COUNTY	ST
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IMPORTANT: If then		220 PHÝSICIAN'S NA	ME (TYPE OR	1)	MINGEN.	Mo	MO ATTENDI PHYSICI 220 ADDRESS		CTOR PHYS	AFF ICIAN []	4/s	LAN
<u>×</u>		Burial, CREMATION, Becify)	REMOVAL	23b. DATE	23c. t		EMETERY OR CREMAT	ORY 23d.	LOCATION CITY OR TOWN	1.00	COUNTY PA	20
77	24. F	Donal	dson	Funeral	Home, L	aurel	, Md	APR 7	. BY REGISTRA	R 25b. REGISTR	RAR'S SIGNATU	JRE

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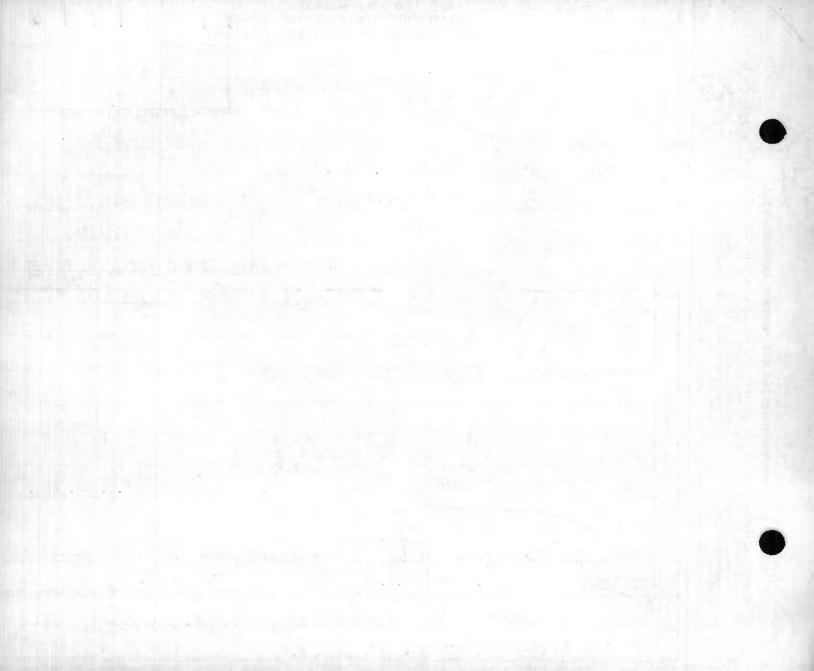
William Honry Burner Clora Whitehoad

SIZ 30 34.52 Clara number as above

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	Y, PLEASI IRECTOR PHOUR STREET	1. SE)		1. RACE	5. D.	ATE OF BIRTH		AGE (IN YEARS IF		IF UNDER		2c. DATE PRONOUNG DEAD		MONTH 4	DAY 8	YEAR 81	23:59
•	NECESSAR FUNERALD 5 FOR AD WITHIN	7. 01	RTHPLACE (ST REICH COUNTRY) WASH.,	neg D.C.		U.S.A	AT COUNTR	V2 8	RIED NE	VER MARR	IED X	9. BALTIMO	nce Ge	_			ID. M
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21201	ANY DE RETAIN DE PROJUDE POULDE POULD	USU/ 13a. S	TAMO.	IF IN NURSIN	COUNTY P.G.	er institution, giv	E RESIDENCE BEF	ORE ADMISSION) R TOWN THEIGHT			13e. STRE	ET ADDRES	s ANCHE	DRI	IE.		
BALTIMORE, MD. 21201	URS AFTER DEATH. IF ANY DELAY IS B. GIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM. 3. RETAIN 9 AGE T. PAGES I AND 2 SHOULD BE THEN DIVISION OK-VITAL RECORDS WITH	J	EROME		KERÑ	DLE	BUTÎ		ROT	THA	EN NAME		AE		LIA	uast US	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	WITHIN 24 HO ENCIL IN ITEM I MINER ALONG TRANSIT PERMI NTAL HYGIENE, OR REMOVAL.	7	PARTIDE. 910 Condition gove ris cause (a) lying cause	s, if any, e to impose lost.	CAUSED BY: MEDIATE CA , which mediate e under-	DUE TO, OR (b) DUE TO, OR (c)	Owning AS A CONSE	OUENCE OF	ASE OR CONDITION	N GIVEN IN PA	ART 1 (a).				BETW	VEEN ONSET	AND DEATH
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DIVISIO	WRITING WRITING ARDED 1 AGE 3 SH ATE DEPA	MEDI	214 INJURY O WHILE AT WORK		HILE FV	21e PLACE C STREET, FACTI C	OF INJURY (ORY, FARM, ETC.)		ocation L street mmanch		ston	Rd 10 8 Oxon	Hill	P.G	OUNTY CO	., M	STATE d.
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTED EXECUTED FINE THE CRRITINGS THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-REP EDATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, 1		22a. I certification of the control of the certification of the certific	NAME	Violation con		Smith,	Suicide	Hamic TITLE (S M.D. Depu	PECIFY)	Undete	Inquiry ermined man	nner .	DATE SIGNI	1	<u>-9-81</u>	
000	BP PAGE —	23a.B	URIAL, CREMAT SPECIFY) BURIAL			ATE 14/81	15.11	ME OF CEMETERS	OR CREMATO	PARKA T	CITY C	CATION OR TOWN	R F	P G	INTY .	S MD	ATE
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FOR STAT			DE		E OF MARYLAND EALTH AND MENTA	L HYGIENE		111	700
REGI:	TRAR ED NAME	FIRST		CAL EXAMINE	R'S CERTIFICATI	2a. DATI	REG. NO.	MONTH DAY YEAR	26 HOUR
(TYPE OR PE		Mary	J		Byczynski	DEAT	H MATED	4-5 1981	M
Fema.	le 4. RA	hite 2	ATE OF BIRTH DAY 2-1-1915	YEAR LAST BIRTHDAY	S IF UNDER 1 YR. IF UN) MONTHS DAYS HOUR S.	DER 24 HRS 2c. DA	UNCED 4	F-5 19 8	1936R
o BIRTHP FOREIGN	LACE (STATE OR COUNTRY)	7b. (U.S.A.	COUNTRY?	MARRIED NEVER M.	ARRIED 🔲	Prince ge	COUNTY OF DEATH	MD
-	verly		(IF NOT IN SUCH FACILIT	AL, NURSING HOME, 17, GIVE STREET ADDRESS! CORGE GEN.	OR OTHER INSTITUTION Hospital	FOR MOST OF W	UPATION (TYPE OF VORKING LIFE)	DF WORK 12b KIND OF B OR INDUST	RY
Ma STATE	ryland	13b COUNTY P.G.	ER INSTITUTION, GIVE RI	Sc. CITY OR TOWN	13d. INSIDE CITY LIMIT YES ## NO		ress Lyton Dri		
14. FATHER	S NAME Lenty	MID	DDLE	Cichowski	15. MOTHER'S M		MIDDLE	Wanat	
	OR UNKNOWN)	(IF YES, GIVE WAR O	OR DATES!	042-12-9372		J. Byczyn	ADDRESS nski As	in Item 13	a.
		WAS CAUSED BY:	/ 1	4-11 Red 11				1455	
PART	Conditions, if gove rise to cause (a) statin lying couse los	immediate g the <u>under-</u>	(b) DUE TO, OR AS	A CONSEQUENCE O		IN PART 1 o.		7733	
PART	gove rise to cause (a) statin lying couse los	any, which immediate g the <u>under-</u>	(b) DUE TO, OR AS (c) 18UTING TO DEATH SUT	A CONSEQUENCE O		IN PART 1 o .		20 AUTOPSY	
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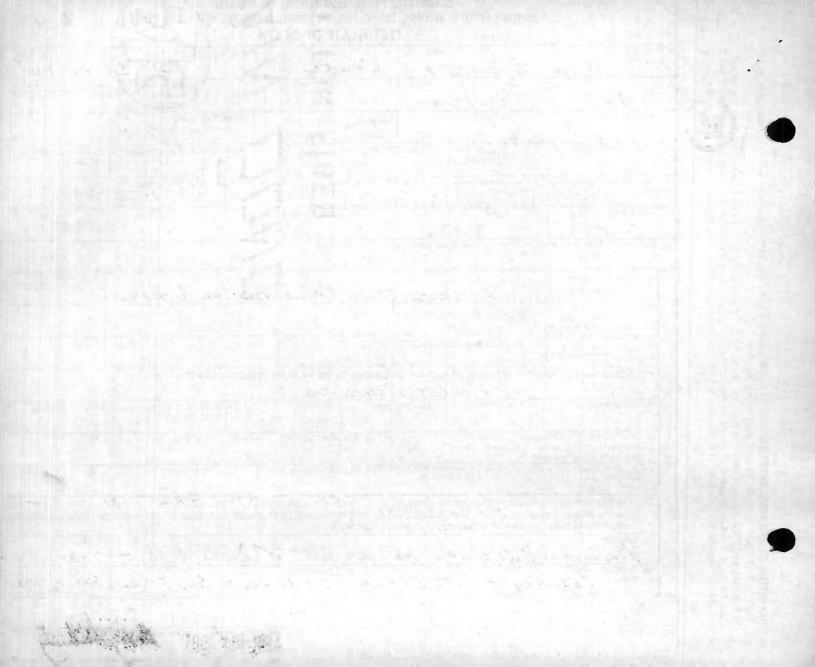
	1	FOR - STATE REGISTRAR		DEPARTMENT OF F	E OF MARYLAND BEALTH AND MENTAL HYC TCATE OF DEATH	GIENE 8	1 1 1	18
		CEASED NAME FIRST	WIDDLE		AST		ONTH DAY YEAR	2b HOUR
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1	3. SE	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHE	MONTHS DATE	
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0		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D MEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
5		S.C.	U.S. A.	WIDOW	D DIVORCED	PRINCE GE		N
political 4		ITY OR TOWN OF DEATH	III. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, I PRINCE GEOR	GIVE STREET ADDRESS]	AL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V RETIRED	WORKING LIFET INDUSTE	O OF BUSINESS O
35	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 SOU	DR OTHER INSTITUTION, GIVE RESIDE 13c. CITY	OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 5507 JEFF	ERSON HOI	T. DR.
winer	14. F.	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		
6/00			HOWN	LASI	GRACIE	MIDDLE	BYR	D LAST
0 ,		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	TAL SECURITY NO.	17. INFORMANT	ADDRESS	S	
medica		NO (IF 185, G	578-	36-2023A	GRACE LASH	LEY - 712 60	the PL.	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSED IN MEDIAL CONDITIONS). If DRIVE which			DUE TO, OR AS A CO		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH M. P. MURES Years			
ar ather tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	rabetes n			, , , , , , , , , , , , , , , , , , ,	7
Jory,	Z	PART 2 OTHER SIGNIFICANT	aciation	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART	1(0)
L Kuo smo	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FINITION CERTIFYING CAUS	
Hem 18 sh	1	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	IN ITEM 18, PART 1 OR PART 2	0
drked of He	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	Y	21f LOCATION STREET	CHY OR TOWN	COUNTY	STATE
121 is ma		220 I certify that (1) his hosp naw the decemed of a Co obove (1) we (1) and that he	m 4-2	3-1981,01	nd that is (my (our) apinion	to 4-23 death occurred on the date		_, that (1) we) lo he couses stated
JT: If hen		The SIGNATORE James	J/Kn	w, M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	/	TE SIGNED -24-81
	4		3.4		22e ADDRESS	11 1	3	-
APORTAN		22d PHYSICIAN'S NAME (TYPE James	· ·		10694 Campu	s Way S., Lar	go, Md. 22	0870
IMPORTANT		7	J. Kim	230. NAME OF C	EMETERY OR CREMATORY	Z3d LOCATION CITYORTOWN HIGHLAND	PARK, P. G.	STATE

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		FOR					MARYLAND I AND MENTAL I	HYGIENE	á	1 1	3	1	0
3	1-	STATE REGISTRAR			DICAL EXAMI			OF DEATH	nec o	. NO.	1		1
		CEASED NAME	FIRST		MIDDLE		LAST	20. [DATE KNOWN		TH CIAY	YEAR	2b. HOUR
	(TYP	E OR PRINT)	Robert	111.5	Pau	-			OF ESTI-		8	19 81	
-033	3. SEX	4. RACE	5. D	ATE OF BIRTH	Ray 6. AGE (IN) YEAR LAST BIRTH		DER YR. IF UNDER		DATE	MONTH			14 HOU
	- M	ale Blac	k	1 6	1948 33		HS DAYS HOURS	MIN' PRO	NOUNCED DEAD	4	8	1981	P: N
0	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	7b. (CITIZEN OF WH	IAT COUNTRY?	a. MARR	IED NEVER MARK	IED 9 B.	ALTIMORE CI	_			
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4	C	TY OR TOWN OF DEATH		rince	PITAL, NÜRSING HOA CHITY, GIVE STREET ADDRESS GEORGES GE	neral		FOR MOST	OCCUPATION OF WORKING (IFE) ity Gua		K 12b K	OR INDUST	
2	13a. S	AL RESIDENCE (IF IN NURSI TATE irginia	NG HOME OR OTH	ER INSTITUTION, GIV	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET					131
-	-	THER'S NAME		****	Portsmou	un	IS. MOTHER'S MAID	FNNAME	Charles	ston A	ve.		
7		Edward	MID	DLE	Byrd		Lillie		MIDDLE	0.		LAST	
4	16a. V	VAS DECEASED EVER IN			166. SOCIAL SECUR	ITY NO.	17. INFORMANT	n.	tsmouth	RESS	reen	01	
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	TION	Conditions, if any gove rise to in cause (a) stating the lying cause lost. PART 2 OTHER SIGNIFICANT C	onditions CONTRI	DUE TO, OR . (b) DUE TO, OR . (c) BUTING TO ORATH II		E OF E OF RMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (a).					
1	FICA	179. DATE OF OPERATI	014	196. CONDIT	ION FOR WHICH OPE	ERATION V	AS PERFORMED?				20	AUTOPSY'	
EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PREMI AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE UNDERLYING OF CONTRIBUTING CA 210, INJURY OCCURRE WHILE NOT W	USE OF DEATI	21e PLACE C	FINJURY (ATHOME.	211 10	ow INJURY OCCURRI					YES [X	NO [
	•	WHILE AT WORK AT WORK STORE STORE STATE AT WORK AT WOR											
		death resulted from:	Natural co	uses .	Accident D. As	ovicide	Hamicide X TITLE (SPECIFY) Deputy C	Undetermin	165	DATI	E 4/	′9/81	
2		(THE SKIRMIT)			th, M.D.		ADDRESS 111 P	enn Str	eet, Ba	altimo	re,	MD 2	1201
	(:	Removal		ATE /10/198	1 Lincol		etery	23d. LOCAT CITY OR TO Por	tsmouth		YTAUC	va Va	ATE
- 17 AF (5))	24. FI	INERAL DIRECTOR	uy	JADDRESS .	1635 3	0.1.	A A PR	REC'D. BY REG	ISTRAR 256 R	ISTRAR'S	SUSNA	IRE A	

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	1/				EPARTMENT OF						
/	1		DIVISION OF VITAL RECORD	S, 301 W. PRE	STON STREET, BAL	TIMORE, MA	ARYLAND 2 201	1 2	0		
					TE OF DEATH						
£ ~	1. D	ECEASED-NAME First	Middle		Last	2a. DATE C	DE DEATH		2b. HOUR		
er death funeral 1 ond er death	(Type or print) ANNA	ELIZABETH	CAH	11/		Month Do	Y Year			
d	3. 5		4. RACE.		DATE OF BIRTH		7 2		100 M		
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely inted in the funeral shauld be detached far use as the burial-transit permit. Then please remove carban paner these I and 2 with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within the function death.	5. 3	FEMALE	CAUCHSIAN	3.	SEPT 12, 18	384	6. AGE (In years last birthday) 96 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN		
0 7		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O					
- Table		NEW TEDCEV	II.S.A.	WIDOWED		PRIN	CE GEORGES		AA d		
L ESTIN	10.	NEW JERSEY	11 NAME OF HOSPITAL OR	INSTITUTION (If not	in hospital 120. USU	JAL OCCUPATION	N (Kind of wark dane	12b. KIND OF B	USINESS OR		
ecuted within completely to ye carbon ye with		ADELPHI	give street address) HUC	GHES ROAD	during m	nost of warking HOUS	g life, even if retired.) EWIFE	INDUSTRY			
mplet car	13a, odm	iccion) STATE	ed lived, if institution: Residence befor				TREET AND NUMBER	0.0010			
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ciar	160	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b. SOCIAL SECURIT	Y NO. 17. INF	ORMANT		Address				
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g pl			y one cause per line for (a), (b), and (APPROXIM.	ATE INTERVAL		
ne death cer attending p permit. The		PART I. DEATH WAS CAUSED	D BY: TE CAUSE (a) PRIERIOSC	I SHOTE	CAPNIKUNG	milan	Dicares	BETWEEN ON	SET AND DEATH		
he death attendii permit. ian, ar re		26 a G A IMMEDIA	TE CAUSE (a)		470101773	CULAR	· IDISCASE				
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phy sign bur bur		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVI	EN IN PART 1(a)	-			
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AN: The law requires that are attending physician icate has been signed by far use as the burial-traited the prior to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. I	F YES, WERE FINDINGS	ONSIDERED IN CER	TIFYING		
The atte	THE				YES NO	CAUSE	S OF DEATH?				
AN: The al ar at al ar at ficate he far use Health		21a. ACCIDENT WAS UNDERLYIN		21c. HOW	INJURY OCCURRED (Ente	_	ary in Part 1 or Port 2	Item IR)			
Tangle H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		or			2,	110111 15.1			
rent cert	MED	(If either, notify medical examin 21d. INJURY OCCURRED 21e.		FACTORY V 215 LOCA	TION Street or R.F.D. No	Cia	y or Tawn	Court	State		
ATTENDING PHYSICIAL retained by the haspital ECTOR: After this certifical shauld be detached far with the State Dept. af H		While Not while	OFFICE BUILDING, ETC.					County			
by fter fter be Stat		22a. I certify that (I) (thi	s hospital) attended the decea	sed from	CP1 19	27, to_	AFRIL , 19	31 , that	(I) (we) lost		
ed ed he he he he		saw the deceased al	ive an /////sch 2	.1921, and t	hat in (my) (our) ap	inion death	occurred an the de	ate and hour a	nd fram the		
Frie Spart		22b. SIGNATORE	, (I) (we) (ala) (ale not) yiew th	e body offer dec	otn.						
R P P P P P P P P P P P P P P P P P P P			7+ 0.1		ATTENDING PHYS.	MED. DIRECTOR		DATE SIGNED			
L OR be DIR ge 3		pomant a	ouggest 1	DEGREE		DIRECTOR \Box	PHYS.	-2-81			
O HOSPITAL OR ATTENDING PHYSICIAN: 19 Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt		22d." PHYSICIAN'S RAME (Type) BEEN	ARD A. FITZGE	CALO	217 UNIKE	esity L	Zup E. Silv	CR SPRIN	5 md.		
O HOS	23a.	BURIAL, CREMATION, 23b. C		F CEMETERY OR CR		23d. LOCATI	ON (City or Town)	(County)	(State)		
7-25000			/6/81 MT.	OLIVET C		fill CL	ITLICTON D	C.			
100 VP A15 (4)	24.	FUNERAL DIRECTOR FRANCIS	S J. COLLINS ADDRES	S	2So. RECID.I	BY REGISTRAR	2Sb. REC APE	SIGNA VRE			
VR A15 (4) 45M · 1/69	_5	00 UNIV. BLVD	W., SILVER SPRING,	MD. 2090	DATE AP.	RY REGISTRAR	10	7 made	7		



24 FUNERAL DIRECTOR FRANCIS J. COLLINS

500 UNIV. BLVD. W. SILVER SPRING MD. 20901

DHMH-16 30M 2/B0 (VRA 15, 4)

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2h HOUR

GOVERNMENT

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) CHARLESTON BERTHA 04 19 81 L. 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FEMALE BLACK 8-25-1900 80 70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLQUITT, GEORGIA USA WIDOWED DIVORCED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) PRINCE GEORGE SE GENERAL HOSPITAL CHEVERLY

6:05 IF UNDER I YEAR IF UNDER 24 HRS PRINCE GEORGE'S COUNTY 12h KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 3207 WALTER LANE PRINCE GEORGE MARYLAND FORRESTVLL YES K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST WICOLE LAST VIRGINIA CHARLIE BURNS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) NO 579-30-1698 JO-ELLEN PLUMMER - SAME AS ITEM #13 18 CAUSE OF DEATH (Enter only one couse per line for a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE O DINOWING Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [NO I 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed alive on obove, (I) (we) (did) (did not) view the body ofter death and that to (my) four) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED M PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME THE CHIEFIT 22e. ADDRESS

STATE

COUNTY

26 HOUR

d

80

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MPORT

DHMH-16 30M 2/80 (VRA 15, 4)

BURTAL

WANN DE WILLIAMS

230. BURIAL, CREMATION, REMOVAL

23b. DATE

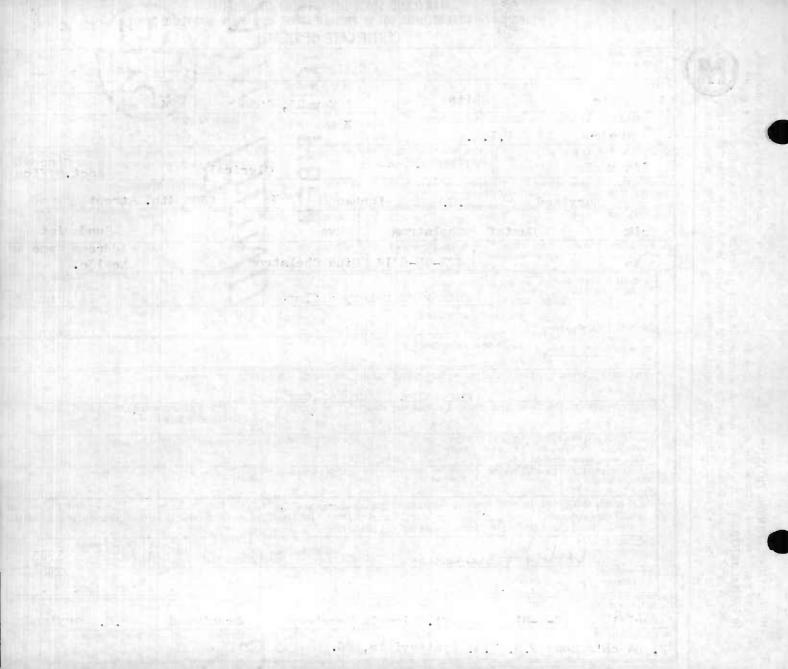
4-22-81 LINCOLN CEMETERY 4804 GEORGIA AVENUE, N. W. SPINTERES D. BY REGISTRAR 25 BEGISTRAR'S SIGNATURE

23¢ NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

SUITLAND, MARYLAND

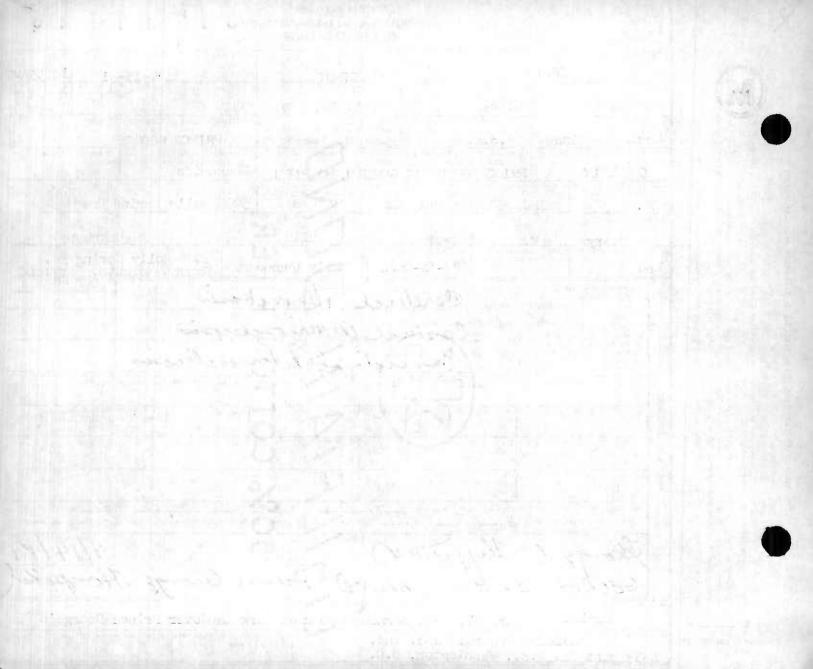
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X (TYPE OR PRINT) OF ESTI-IS NECESSARY, PLEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I.W. PRESTON STREET, Cornelius Cherry, Jr. 1081 DEATH MATED 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS PHO HO DATE LAST BIRTHDAY) PRONOUNCED 20 Sept 1929 51 DEAD 4-13 181 black male 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George's County North Carolina USA DIVORCED WIDOWED CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. USED AS A BURIAL-TRANSIT FRMIT. PAGES 1 AND 2 SHOULD BE FILED, OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 WIRL, CREMATION, OR REMOVAL. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Riverdale Leland Hospital Buildings Manager USUAL RESIDENCE OF IN NURSING H 13a. STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 2838 Franklin Street, N.E. Washingto n NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Cornelious Cherry Sr. Mann Carrie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) Wilma Cherry 2838 Franklin St. N.E. 42 2207 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate (b) disease couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. ORD "PENDING" I CHIEF MEDICAL E PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CRRTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR, TO BURIAL, 2B AUTOPSY? YESMIX NO T 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME, 714. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 22a I certify that I taak charge of the remains described above, held on Inspection and in my opinian Homicide Natural causes Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER ACTUAL 4-13-81 DATE SIGNATURE Margarita A. Korell, M. D. ADDRES EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) (Burial)
Ft Lincoln STATE Ft. Lincoln Cemetery Bladensburg, Maryland BP ME RECISTRAL 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Johnson & Jenkins 716 Kennedy St, N.W. (VR A15 ME (5)) 15M 2/80

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		Ľ	REGISTRAR				CERTI	FICATE OF DEATH		REG. NO	O.		
			CENOEDITANTE	FIRST		MIDDLE		LAST	20. DATE	OF DEATH	MONTH D	AY YEAR	26. HOUR
N.		(146	E OR PRINT)	FFIE			СН	ESTNUT			04-13	-81	10:55AM
(10,083)		3. SE	X	4 R/	ACE		5. DATE	OF BIRTH	6. AGE	IN YEARS LAST BIR		FUNDER I YEAR	
(HARTA		F	emale	B	lack		MONT	eb. 20, 1891	90		YRS.	ONTHS! DAYS	HOURS MIN.
1 6 9	0		IRTHPLACE (STATE OR FORE	EIGN 7b. C	ITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTI	MORE CITY O		OF DEATH	STOLEN
49 gh	to 10		rth Carolina	a	U.S.A	. 3000	WIDOW			PRINCE	GEORG	E'S	MD
0 2 3	Ped	10 0	ITY OR TOWN OF DEATH			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USU.	AL OCCUPATI	ON ON	12b. KIND C	OF BUSINESS OR
by th	to 4		CHEVERLY			GEORGE'S		RAL HOSPITAL	Hou	sewife	I WORKING EWE	INDUSTRI	
hour hour	p p	13a	AL RESIDENCE (IF NURSING				E ADMISSION)		112a STRE	ET ADDRESS			
ND 2 24 h 24 h milled ould k	100			PRINCE	GEO	Dupont I		YES NO	5008	Holly	Sprin	ng Road	1
rthin rthin tely 2 sh	i e	14. F	ATHER'S NAME	MIDDI		LAST		15 MOTHER'S MAIDEN NA		MIDDLE		110	
MARYLAND ed within 24 mpletely filled and 2 should	1600		Henry	Sp.	te	Parker		Julia			(Unknow	n)
. + 0 -	edicol		WAS DECEASED EVER IN	U.S. ARMED			JRITY NO.	17. INFORMANT	2 (80	ADDRE	SS HOller	Spring	Pd
BALTIMORE, cate be execu- ysician and or appers. Pages inval.	Bed		no	IF TES, GIVE WAI	N ON DATES)	577-14-0	664	Emily Chest	nut	Dupon	t Heig	hts. M	arvland
RDS, 201 W. PRESTON equires that the death consigned by the attending. Then please remove cortro buriol, cremation, or	injury, ar ather trau	NOI		the lost.	(c)	OR AS A CONSEQU		Outerios Lysl Outer I NOT RELATED TO THE TERA				N IN PART 1	01
he law rango. has bee	S O O O	CERTIFICATION	19g DATE OF OPERATION	N	196 CONE	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a Al	JTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir contending physician. ifter this certificate has been sig os the build-transit permit. Then thand Mental Hyainen arior to la	Hem 18 sh		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH	HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTE	NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
IVISION VG PHYS otherdir ier this os the bu	orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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(VRA 15, 4)		1	339 Hunt Pl.	N.E.	, Was	shington,	D.C.					-	



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tifica ansit I Hy I Hy		21e. ACCIDENT WA	CAUSE OF DEAT	21b. TIME C		DAY YEAR	2)c HOW INJURY OCCU	JRRED (ENTER NATUR	E OF INJURY IN ITEM	18, PART 1 OR PART 2)	
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E - 43 =	23a.	BURIAL, CREMATI		23b. DATE			EMETERY OR CREMATORY	EITY OR TO	NWN	COUNTY	STATE
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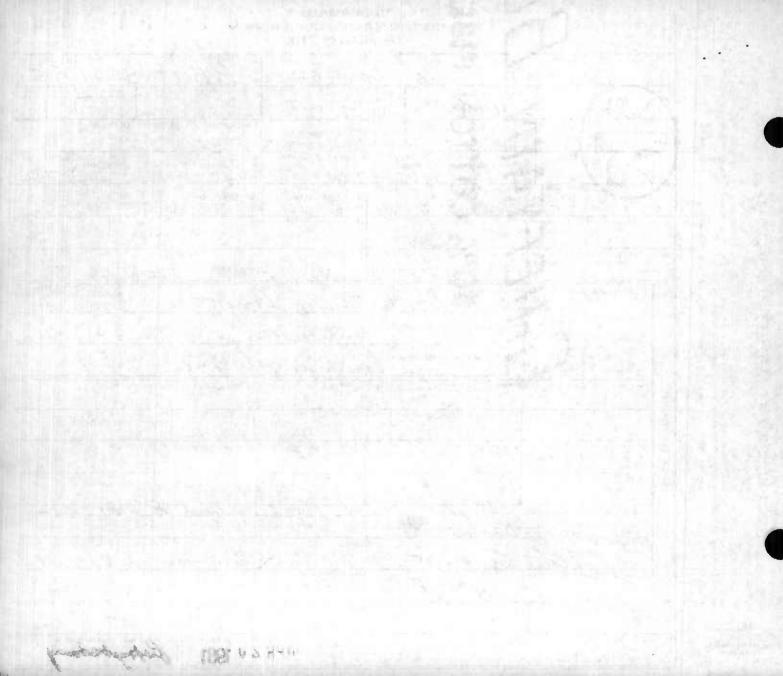
STATE OF MARYLAND

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oth. Pagarth. Pagarth. Pagarth. Pagarth. Pagarth. 72 hours.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	BALTIMORE CITY O	R COUNTY O		4.
s ofter de by the fun narified di		Maryland ITY OR TOWN OF DEATH	OF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON F WORKING (IFE)	176. KIND OF INDUSTRY	BUSINESS OR
4 hours de la by le be file	USU.	CORRESTORILE AL RESIDENCE (IF NURSING HOME STATE	NTY	13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	Homemaker 13. STREET ADDRESS		Own	Home
RYLANI rithin 24 stely fill 2 should	14. FA	Md. Cha	Arles	La Pla	ta	YES NO M	Rt.#3	Box 1	L36E	
cuted w	16a V		scoe S	tone Ch				<u>latthe</u>		
LTIMORE, be executed on ond control or medical or medic	(NO	IVE WAR OR DATES)			Henry Com	pton s	same a		
rtificate		PART I. DEATH WAS CAUSE IMMEDIA		r line for (o), (b), on	d (c) 1				BETWEEN ON	ATE INTERVAL
death ce ottending		Conditions, if any, which	DUE TO, C	OR AS A CONSEQUE	ENCE OF					
W. PRE		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	DR AS A CONSEQUE	ENCE OF					
quires the signed then pled to buriol njury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	OITION GIVEN	IN PART 1(0)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician. When this certificate has been signed by the offending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled that many memory is shown only injury, or other traumoral, or removal.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [WERE FINDING NG CAUSES C	SS USED DE DEATH?
ON OF VITA IYSICIAN: T ding physici sis certificate burial-transi Mental Hygi		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A	OF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
DIVISION DIVISION Or ottendin After this ce as the bur olth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
OLO OLO OR: A Heal		220.1 certify that () (this hasp saw the deceased alive as above, (1) (we) (did) (a) and	4 / 1		do d	d that in (our) apinion	, todeoth occurred on the do	te and hour o		at (i)(we) lost
L OR ATTI the hospit L DIRECTO stoched for e Dept. of if Item 21		27b. SIGNATURE	of view the body	offer deofh.	. +	DEGREE ATTENDING	MEDICAL STAF		22c DATE SI	GNED
O HOSPITAL etonned by the TO FUNERAL should be deto with the Stote with the Stote HAPORTANT.		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	EL DET	N	PHYSICIAN P		ISWU	Oxagi	1611 11
TO F should with the MAPO	23a	BURIAL, CREMATION, REMOVAL	L 23b. DATE	1236	NAME OF C	EMETERY OR CREMATORY	1AN /EAD	11-7	ONON	1011 70
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		CEASED NAME	IRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
oy be	(177	Bow	man	Ellswo	rth C	OMPAD.	Calmie	18	1921	50 M
mo)	3. SE	x 100 /	4. RACE	/ / /	S. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF (INDER 1 YEAR	IF UNDER 24 HRS
ge 4	10	Make	1	Uhite		31. 1915	65	YRS	Ins Dats	HOURS MIN.
De Soldin		IRTHPLACE (STATE OR FORE	IGN 76. CITIZE	N OF WHAT COU	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
To leave the second	N	IARYLAND	и	S.A.	WIDOWI	DIVORCED	PRINCE GE	ORGES		MD
The fr	10. C	ITY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL, I T IN SUCH FACILITY, GIV	NURSING HOME (VE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST C		12b. KIND OI INDUSTRY	F BUSINESS OR
201		IVERDALE		LAND MEM		SPITAL	GROCERY MA	NAGER	RETAI	L STORE
ded in	13a.	AL RESIDENCE (IF NUM INC	OME OR OTHER INSTI	13t. CITY C		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Standard Should			RI. GEOR	GES COLL	EGE PARK	YES X NO		IMESTONE	PLAC	E
ARY ARY	14. 17	ATHER'S NAME FIRST	MIDDLE		AST	15 MOTHER'S MAIDEN N	MIDDLE		LAST	
SALTIMORE, MARYLAND 2120 Cole Be executed within 2 frous sopers. Poges 1 and 2 should be fill woll. The medical examiner must be and in the medical examiner must be an analysis of the medical examiner		JOHN WAS DECEASED EVER IN	U.S. ARMED FOR		ONRAD AL SECURITY NO.	EMMA	ADDRE	JACOBS	3	
MORE,	(YES, NO OR UNKNOWN)	FYES, GIVE WAR OR DA	ATES)		17. INFORMANT			12	MITT
The man was a series of the ma	<u></u>	ES L	WW II		-09-1785	EULALIA M.	CONKAU	SAME AS		WIFE
		18 CAUSE OF DEATH (I PART I. DEATH WAS		ise per line for (o).	(6), and (c).)	Person 1	anson			MATE INTERVAL
Lecentric centric cent		15 1- IM	MEDIATE CAUSE	(o) <i>G</i>	Lun	(marke "	er vasi		The	nutes
tendi on, o		Conditions if any		TO, OR AS A COM	NSEQUENCE OF	Hehetima		COLLEG	2-3	month
PRESTON ST., Security certification of the contending phemore corbon provides, or remove retroumdic ever		Conditions, if any, w gove rise to immed	iote	(p)		15-07(2000000				, and the
0 0		1011	lost.	TO, OR AS A CON	SEQUENCE OF	emhosis of	The hover		04	1/2
9 2 2 3		PART 2. OTHER SIGNIFI	CANT CONDITIO	NS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1/c	31
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A hows	E						YES NO	YES [NO [
Ficote Fronsi		210 ACCIDENT WAS UNDERL		IME OF INJURY JR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
Siconda Sicond	CAL	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P.M.	19					
d or d or	MEDICAL	21d. INJURY OCCURRED	/AT HC	LACE OF INJURY	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
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F 0 F 2 0 C		obove, (I) (we) (did)	(alid not) view the	body after death		DEGREE	death accurred on the di	the and hour ar	22c DATE S	diskylo stopped
OR A he host DIREC roched to Be Dept.		M+	0+1	1/2	- 2	ATTENDING.	MEDICAL STA	FF _	2/ / L	e los
O HOSPITAL efoined by the FUNERAL TO FUNERAL should be det with the Store	1	27d PHYSICIAN'S NAME	(TYPE OR PRINT)	unna	A O	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN	1/17	161
TO HOSP retoined TO FUNI should bi		,	rets.	Wm	F.	5000	Reno Rd 3	NW 1.	lesh I	1
short short	730	BURIAL, CREMATION, REA		TF.	123r NAME OF C	EMETERY OR CREMATORY	73d LOCATION			
3- / BP		BURIAL	130. DA	4/22/81		WN CEMETERY	ROCKVILL	E MOI	NT	MD STATE
30 hmh-16 30m 2/80	24. F	UNERAL DIRECTORFRA	NCIS J.	COLLINS		250. DA	TE REC'D. BY REGISTRAR			IRE .
(VRA 15, 4)		ON LINTU RIVE			NG MD 2	0901 API	2 U 1001	troppe	Mah	pooly



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MPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical exami

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DEPARTMENT	OF	HE	AL'	ſΗ	AND	MENT	

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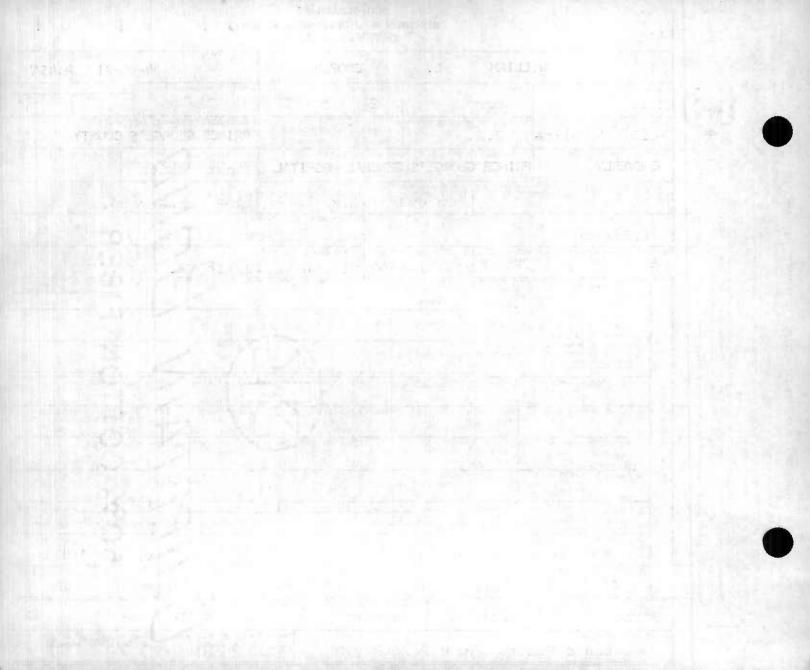
- STATE REGISTRAR		CERTIFICATE OF DEATI	REG. NO.	
1. DECEASED NAME FIRST W.	ILLIAM L.	COOPER	20. DATE OF DEATH MON	14-09-81 4:45AM
3. SEX Male	A RACE Negro	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
North Carolina	76. CITIZEN OF WHAT COUNTRY U.S.	MARRIED MEVER MARRIE	I PRIME GEORG	
ID. CITY OR TOWN OF DEATH CHEVERLY	PRINCE GEORGE	SING HOME OR OTHER INSTITUTIONS AGENERAL HOSPITA	AL Construction	RKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME O 130 STATE MD	r other institution, give residence before PG 13c CITY OR TO Lando	ORE ADMISSION) DWN VET YES NO {	13e STREET ADDRESS 1208 Gonda:	r Ave.
14 FATHER'S NAME FIRST Unknown	MIDDLE LAST	15. MOTHER'S MAID FIRST U1	nknown	LAST
160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GF	RMED FORCES? 166 SOCIAL SECULAR OR DATES) 243-01		ADDRESS McClurkin Ft. 1	Wash., MD
PART I. DEATH WAS CAUSI	nly ane cause per line for (a), (b), ED BY: TE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		O DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITIO	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \) NO \(\text{VES} \)
	ATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN	ITEM TS PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive ar	n H = 8 = 19 at) view the body after death.	en 4	ppinion death occurred on the date o	M = , 19 M = , that (I) (we) last and hour and from the causes stated
226. SIGNATURE	- Luher M	THISK		220. DATE SIGNED 41081
22d PHYSICIAN'S NAME (TYPE	CRPRINT) LUHAR MD	PGG	tospital, the	erely, mD.
230 BUFFAL, CREMATION, REMOVAL BUFFAL	23b. DATE 4/15/81 23	NAME OF CEMETERY OR CREMA	Lańdover	PG COUNTY MD
Thornton's Fu	neral Home Po		So. DATE REC'D, BY REGISTRAR 256	GISTRAR'S IGN URE

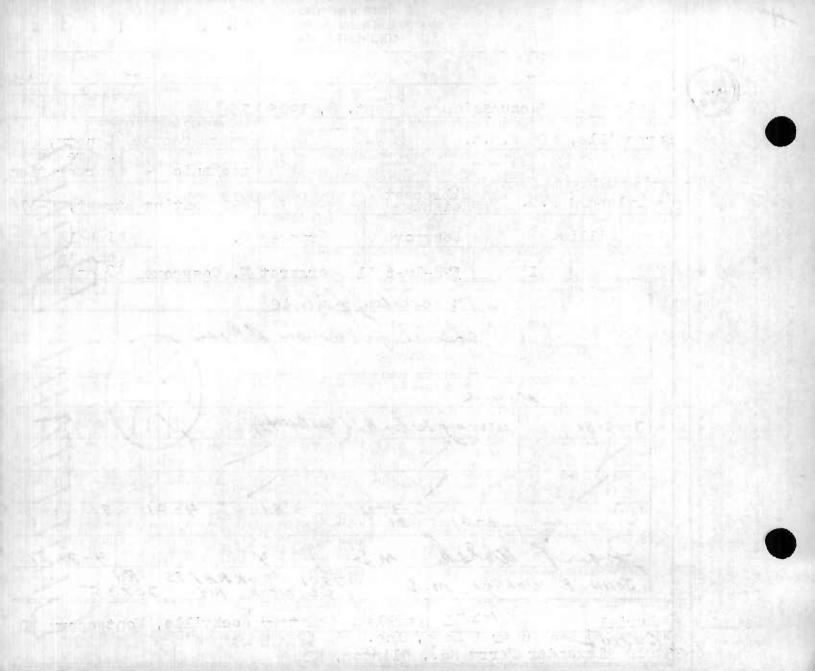
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DHMH-16 30M 2/80 (VRA 15, 4)

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FOR - STATE

1. DECEASED NAME (TYPE OR PRINT)

REGISTRAR

Î	1	3 SE	x	4.	RACE		5 DATE C			& AGE (IN YEARS LAST I		IF UNDER 1 YEAR	# UNDER 24 HRS
V Could		F	emale		WHO	TE	MONTH 7	20	YEAR OY	89	YRS	MONTHS DAYS	HOURS MIN.
人即即	17-7		RTHPLACE (STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUNTRY?	A A PRIE	D NEVER MA	PRIED	9 BALTIMORE CITY		OF DEATH	
	7	Tu	rkey		U.S		WIDOWE	DINO	ORCED [PEC	our	TY	MD.
french fr	90	10 C	ITY OR TOWN OF DEAT	Н 11		HOSPITAL, NURSING THE FACILITY, GIVE STREET A		R OTHER INSTIT	UTION	17a USUAL OCCUPA (TYPE OF WORK FOR MOS	TOF WORKING HE	E) INDUSTRY	F BUSINESS OR
h		11811	AL RESIDENCE (IF NURSIN			ton C	cn	v. ce	nter	Housewife		at he	ome
d b	3 <i>E</i>	13a :	Md.	Pr. G		Adelphi				134 STREET ADDRES	anac S	t.	
	60	14. F/	THER'S NAME PETER	MIDI	DLE	Tsangas		15 MOTHER'S A	naiden nan			LAS	sī.
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			no	none		579 223	3274	Anne M	. Koui	s same as	item 1		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

LAST

MIDDLE S.

REG. NO.

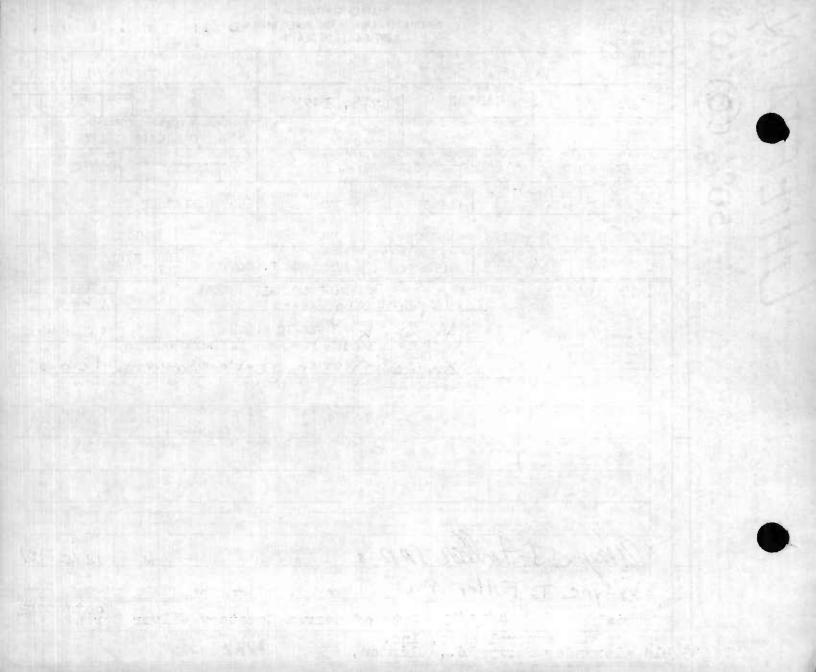
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STATE OF MARYLAND



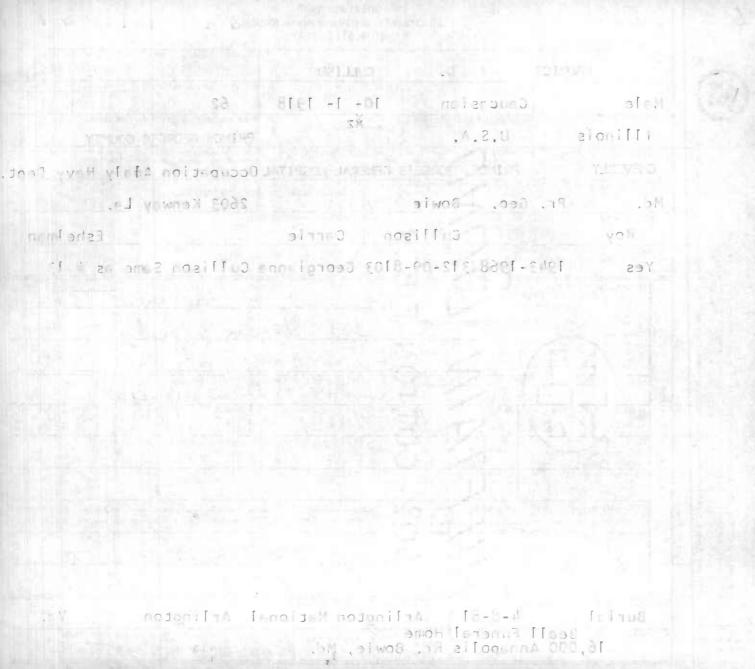
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2b. HOUR 20. DATE KNOWN AMMIN (TYPE OR PRINT) ESTItricia 1921 DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS . SEX IF UNDER 1 YR F UNDER 24 HRS DATE EAST BIRTHDAY) PRONOUNCED 2. 1936 45 DEAD YRS 70 BIRTHPLACE TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OF COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED WIDOWED Vermont B. GIVE PAGES 1, 2, AND 3 TO THE PAUTH FORM PM 3. RETAIN PAGE 5. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS, 201 W 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Prince George's General Hospital Housewife Cheverly Home USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c CITY OR TOWN 334 INSIDE CITY LIMITS? 13e. STREET ADDRESS New Carrollton YES X 85th Place Marvland P.G. Co. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST LAST Beatrice Ovide Diette Mc Goff 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Carlton S. Courtney (Son) None 009-20-2513 Same as 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and APPROXIMATE INTERVAL JHEF MEDICAL EXAMINER ALONG WORDED AS A BURIAL FRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DIRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stoting the under-OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPER WILLIAM WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES [NO W TO MEDICAL EXAMINER: THIS CRITIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTIMENT BALTIMORE, MARYLAND, 24 201 PRIOR TO BU 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3-2 Fell P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK Residence 85th Pl. New Carrollton, P.G. Co., AT WORK 22a. I certify that I took charge of the remains described above, held as Autopsy Inspection and in my apinian death resulted from: Suicide Homicide Undetermined manner Natural causes TITLE (SPECIFY) DATE Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Camp Springs, Md. (TYPE OR PRINT) ugusto Rodriguez M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN STATE Cedar Hill Crematory Cremation Suitland. Co., Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Chambers Funeral Home Riverdale, Maryland 15M 2/80

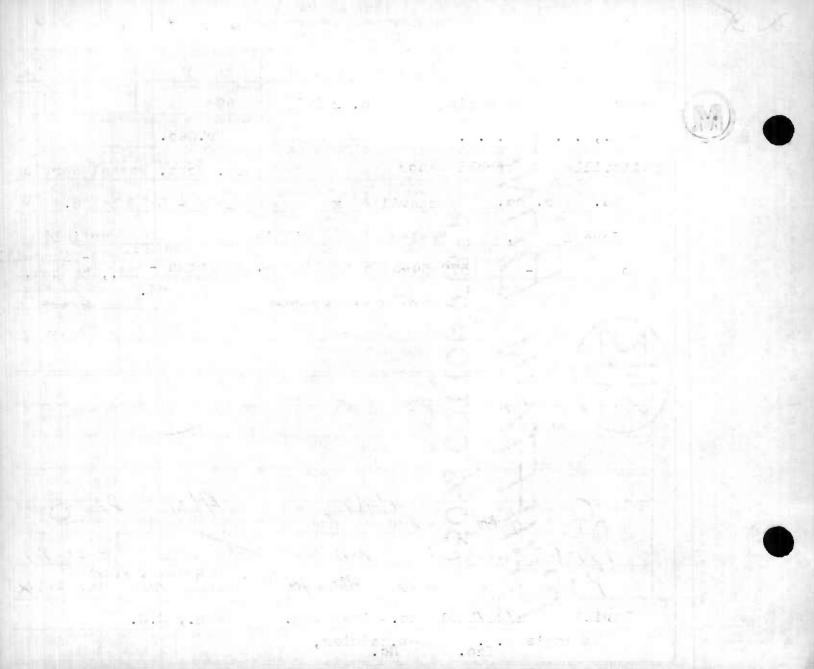
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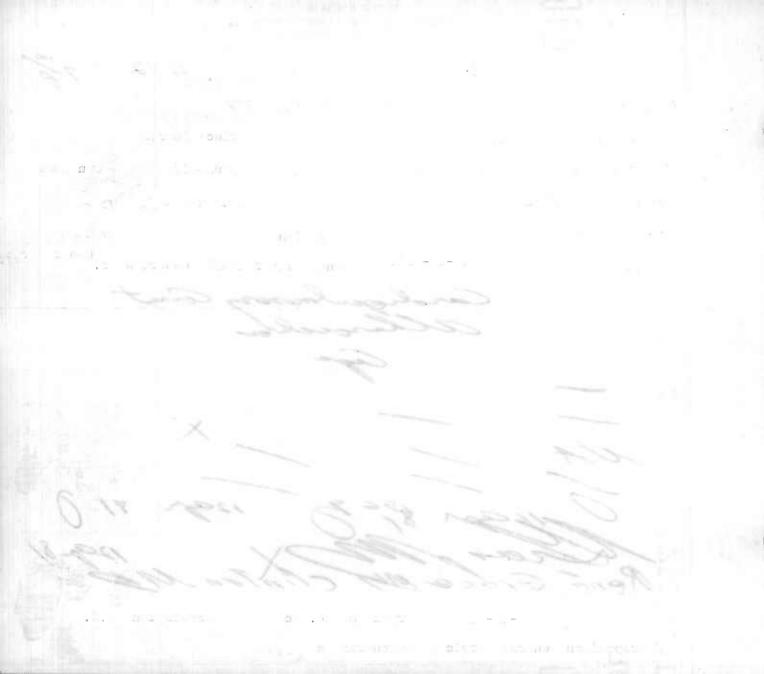
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			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	190		DECEASED NAME FIRST TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
2 /	1		MAURICE	D.	CULLISON	Mr. 3	1981/1:06 Am
2 4	C Me		SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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B 37	11 32	0	Md. Pr.	Geo. Bowie	YES NO	2603 Kenway I	La.
21	7 27	14	FATHER'S NAME	MIDDLE LASI	15. MOTHER'S MAIDEN NA	ME MIDDLE	
MARYLAND 2120 For After 24 hours	1 /20	0	Roy	Cullis	son Carrie	MIDDLE	Eshe Iman
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0 0	7111	1	194 DATE OF OFERATION	196 CONDITION FOR WHICH	OPARATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
2 7 28	t be	/] :	7/3/81	Pertuate	el Viscup	The same of the sa	S NO
NI CONTRACTOR	1 5 T	7 1	210. ACCIDENT WAS UNDERLYING [21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
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4 5 5	1311		226. SIGNATURE	dri view the pday differ death.	DEGREE		THE DATE SIGNED
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE OF DEATH MONTH MIDDLI 2h HOUR LTYPE OR PRINTS SOPHIA DAMON 14 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IE UNDER 1 YEAR May 30,1899 YEAR Female Caucasian 81 TO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Massachusetts USA PRINCE GEORGE'S WIDOWEDER DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIEE)
Housewife IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL Home ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Pr. Georges Upper Marlboro 3130 Pyles Dr. Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Milsop David Sarah McGuiness 2045 E. 12th St., 16h SOCIAL SECURITY NO. 17. INFORMANT 16n WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN 022 26 1722 Rbt. Damon (son) NY, NY 10003 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE exonery artery diseas (Congstwe Heart failing Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? иоХХ YES T NO [210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IE EITHER NOTIEY MEDICAL EXAMINER) 211, LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE COUNTY

AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

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226 PHYSICIAN'S NAME (TPE OF PRINT

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TATALA. SHAWL

22e. ADDRESS

DEGREE

DIRECTOR PHYSICIAN PHYSICIAN [

MEDICAL

22c. DATE SIGNED

230 BURIAL CREMATION, REMOVAL Burra 1

WHILE

22b. SIGNATURE

Apr.15

220 I certify that the (this haspital) attended the deceased fram.

oboveXI) (we) (did) (did to view the body ofter death

6) 1

23c. NAME OF CEMETERY OR CREMATORY Aspen Grove Cemetery, Ware, Hampshire, Mass.

24 FUNERAL DIRECTOR Pearson's Funeral Home 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Falls Church, Va. 22046

DHMH-16 30M 2/80 (VRA 15, 4)

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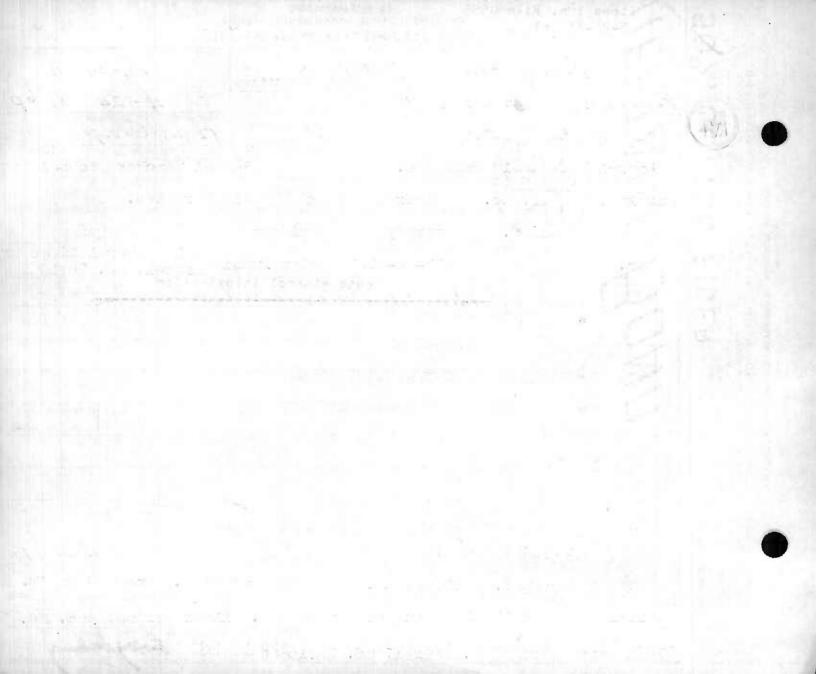
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 70 DATE OF DEATH MONTH 2b. HOUR I. DECEASED NAME TYPE OF PRINTY April 10, 1981 John Francis Delany 9:32 4 RACE White 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Male Nov. 22 DAYS HOURS 1922 9 BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. Pennsylvania Prince Georges County DIVORCED [WIDOWED 176 KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION IR CITY OR TOWN OF DEATH Ret . USSAH Personell (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Laurel Beltsville Hospital Laurel ISUAL RESIDENCE (IF NUR MO HOME OF DITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13. 2006 Evansdale Drive Maryland Adelphi NO 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Delany Kathryn Kane Frank 2006-Evansdale Dr 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Adelphi .Md. 182-16-4819 Christine C. Delany 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE Q Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION DIVISION OF VITAL RECORDS 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOM 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion deoth accurred an the date and hour and from the causes stated sow the deceased alive an. obove, (1) (we) (did) (did not) view the body ofter death. 226. SIGNISTURE DEGREE 226 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN renuen MPORTAN 77e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) (STAVIUO 231 NAME OF CEMETERY OR CREMATORY 23b. DATE 23a BURIAL, CREMATION, REMOVAL Schuykill Pa. St. Jeromes Cemetery Tamaqua Burial 1 1800 - N . H . AVE 1250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Hines/Rinaldi F.H.Inc. Silver Spring, Md. (VR A 15 (4))

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	ONSTRUCTION OF STRUCTURE OF STR	F.	mall	17 +1	SOF. 29	6. AGE LIN YEARS IF U.S. BIRTHDAY) MONT		24 HRS. 20 DATE PRONOUNCED DEAD MIN PRONOUNCED	24 1981 CPM
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MD. 21201	AND 3 TO RETAIN P HOULD BE RECORDS,	13a. S	L RESIDENCE (IF IN N. TATE TYland	135 COUNTY P.G	CO.	VE RESIDENCE BEFORE ADMISSION) 13(CITY OR TOWN Laure1	13d. INSIDE CITY LIMITS? YES NO	619 Park Ave.	
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Ï	A A A E S	MEDICAL		WHILE O	21e PLACE C STREET, FACT		CATION Grreet	CITY OR TOWN	COUNTY STATE
EDICAL EXAMINER:	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	- ز	ACTUAL SIGNATURE EXAMINER'S NAME	Natural	causes	Accident , Suicide	Hamicide TITLE (SPECIFY)	Undetermined manner ,	THE 4/24-81
4 O C F	PAGE PAGE AFTER BALTI	23g. B	(TYPE OR PRINT)	August		23c. NAME OF CEMETERY C	ADDRESS		
01000	SP	É	Burial		4/27/81			134 LOCATION CHYPORIOWN Silver Spring	Mont. Md.
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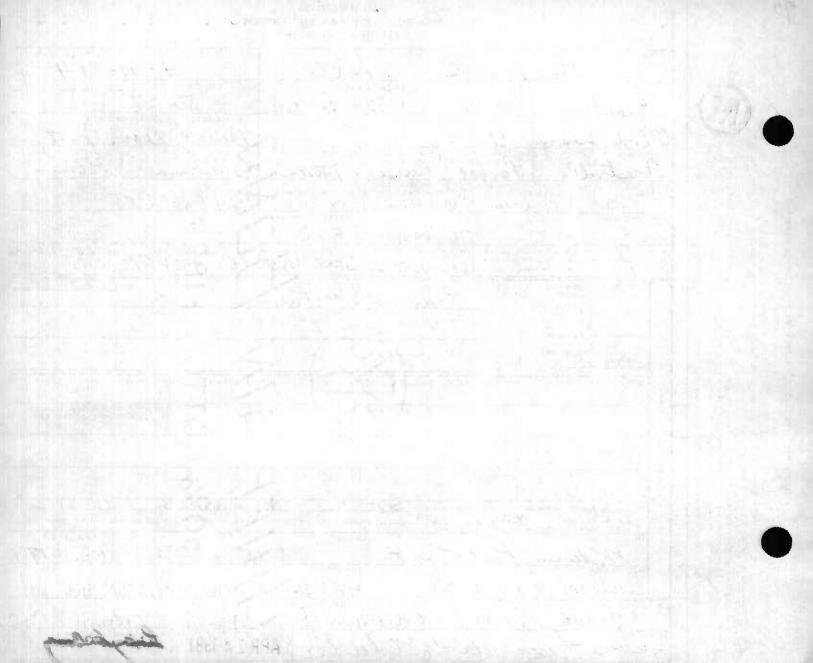


STATE OF MARYLAND

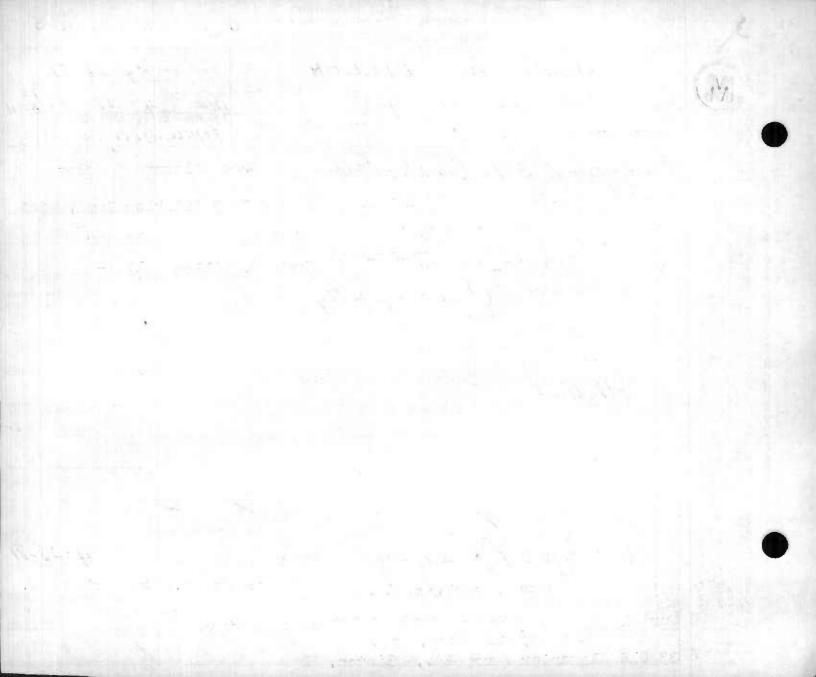
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BALTIMORE	be exection and its. Pages	1	[YES, NO OR UNKNOWN] (IF YES, GIVE W	249-82-5920 JANET KODKER 7504 GI	
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•	AL OR the ho AL DIRE etoche te Dep		Obove, (1) (we) (did) (did not) v 22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	121 DATE SIGNED
111	TO HOSPITAL retoined by the TO FUNERAL should be det with the State IMPORTANT:	2	WILLIAM KE, BURIAL, CREMATION, REMOVAL	NT FORST 9401 INDIAN HEAD HWY, O. 236 DATE 1236 NAME OF CEMETERY OF CREMATORY 1734 LOCATION	XON HILL mod
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-Junior IF UNDER 24 HRS 24 HOUR DATE PRONOUNCED LAST BIRTHDAY) 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED rghia U.S.A WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY for most of working life) noe Salesman Shoe Sales B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAINING T. PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS, Maryland 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO [3003 Brinkley Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Dyas MIDDLE FIRST MIDDLE LAST Dillon Ethel Plummer INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Same Theda ves C. Dillon CAUSE OF DEATH (Enter only one couse pe APPROXIMATE INTERVAL ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E3 SHOULD BE DEPARTMENT OF YES [NO A 21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) ORWARDED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING OR ARITING TH WEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION 71d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME 5009 Rayburn Ct., Camp Springs, Md. Mugusto 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION $\mathtt{MD}^{\mathsf{STATE}}$ (SPECIFY) city or fow Cheltenham Buria] Veterans REC'D. BY REGISTRAR 254 REGISTRAR'S OKINATURE. 24 FUNERAL DIRECTOR Lee Funeraless Home. **DHMH-17** (VR A15 ME (5))6 15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 20 STABLER Emma Dorsev 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS 3 SEX Oct. 25.1907 Female White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George II.S.A. Maryland DIVORCED T IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR 413 Montgomery Housewife Laurel DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING, NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g STATE P. G. 13e STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Laurel 413 Montgomery Street YES TX H. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Danie1 MIDDLE Gertrude MIDDLE Spicer Stabler 1870 Loch Shie: ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO. 17 INFORMANT Daniel Stabler Dorsey Balto. Md.21234 No. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Cerebral Hemorrhage 1 Day IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Arteriosclerosis Conditions, if any, which gove rise to immediate couse (a), stoting the Diabetes 23 yrs underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I/a CERTIFICATION 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F Mental Hygi 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Medical Examiner called WEDICAL 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 270. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death. warch Apri and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNAJURE DEGREE 77r. DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL D should be detor PHYSICIAN X DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 402 Main Street. Laurel. Md. Robert S. McCeney. M.D. 20810 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 73h DATE Burial Mountain View Cem. | West Friendship Howard Mo 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 FLECK LAUREL FUNERAL HOME, INC. 7601 Sandy Spring Rd. Laurel, Md. (VR A 15 (4)) 2081 h APR

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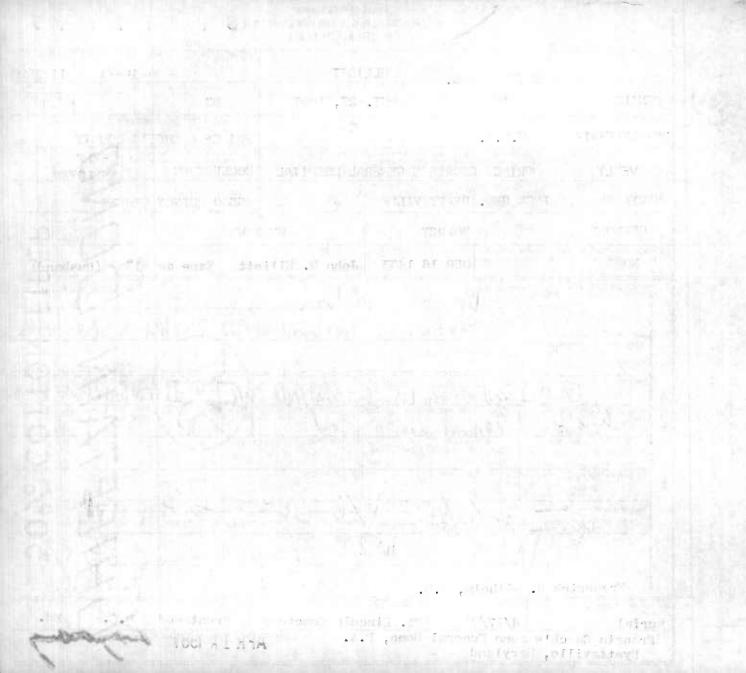
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH 7h HOUR (TYPE OR PRINT) RARII CAROL ANN DOWD 10 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY FEMALE CAU APRIL 3 1933 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? NEVER MARRIED MARRIED PRINCE GEORGE'S COUNTY CONNETICUT IISA IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 126 KIND OF BUSINESS OR AT HOME MALCOLM GROW USAF MED CEN ANDREWS AFB HOUSEWIFE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 1136 COUNTYPRINCE OXON HILL 942 WHITE OAK DR MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FRANK GRIFFIN MARY WALSH 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ROBERT F. DOWD Silver Spring Md 20930 (YES, NO OR HANDWIN) I (IFYES, GIVE WAR OR PASES) 049-24-3340 ARRYTHMIA VENTRICULAR FIBRILLATION PROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY VENTRICULAR FERRILLATION IMMEDIATE CAUSE ACUTE MYOCARDIAL INFARCTION OR AS A CONSEQUENCE OF 12 HOURS MYOCAFAIRE INFARCTION Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 2 19 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? bei 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ 11 FOPRIZ sow the deceosed alive on 11 top (212 above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS CAPT, USAF MALCOLM GROW USAF MED CEN MC should be with the S THOMAS ANDREWS AFB, MD 20331 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE (SPECIFY) Burial COUNTY Arlington National Cem. Virginia Arlington George P. Kalas Funeral Home Oxon Hill Rd 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 1 6 1981 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4))

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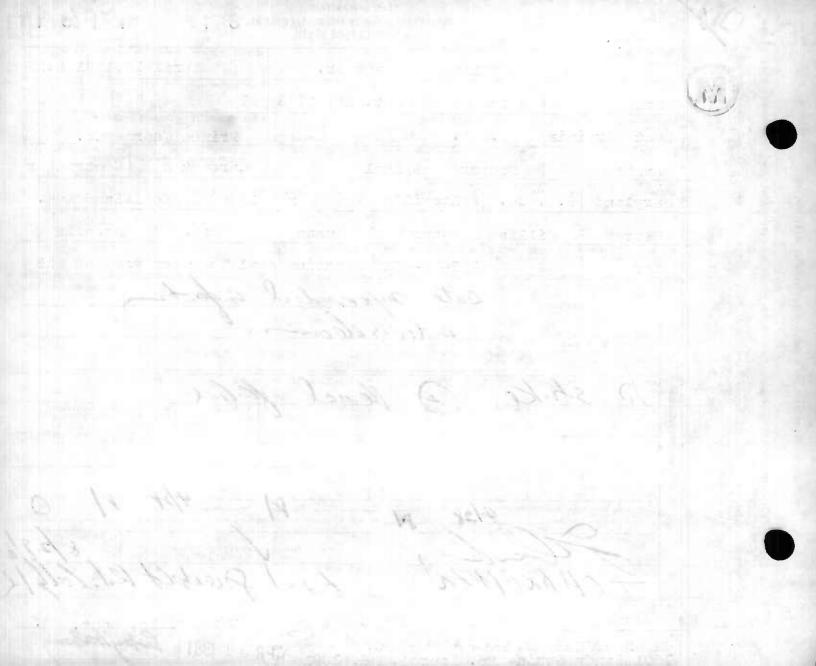
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		CEASED NAME	FIRST		MIDDLE		LAST	2a D	ATE OF DEATH MO	NTH [DAY YEAR	26 HOUR
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74		TY OR TOWN OF DEAT		(IF NOT IN SU	CH FACILITY, GIVE :	STREET ADDRESS)	RAL HOSPITAL	(TYPE	USUAL OCCUPATION OF WORK FOR MOST OF W		12 SELF EMPLO	F BUSINESS C
35		AL RESIDENCE (IF NURSIN	PRINCE				13d INSIDE CITY LIMITS? YES NO	13e S	TREET ADDRESS	STI		
04	14. FA	UNKNOWN	MIDDI	IE .	BOWDE	Y	15. MOTHER'S MAIDEN		MIDDLE		LAS	л
1	160 V	VAS DECEASED EVER IN YES. NO R UNKNOWN)	U.S. ARMED			SECURITY NO. 1433	John D. Ell	iott	ADDRESS Same as	#13	(Hu	sband)
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9	MEDICAL CE	218. ACCIDEN WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTHY MEDICA 21d. INJURY OCCURRE WHILE NOTHY MEDICA AT WORK 22a. I certify that (I). Sow the decaysed obave, It was taken	USE OF DEATH L EXAMINER) D	P 21e. PLACE (AT HOME ST	OF INJURYM. MONTHM. OF INJURY REET, FACTORY, OF	19	211. LOCATION STREET 214 that in (my) (aud) opinion	4. 10	CIIY OR TOWN		county • GD	that III accuses stated
1		276. SIGNATURE 774. PHYSICIAN'S NAM Frederic	AE IIME CAN	#ilhe	lm, M.D		DEGREE ATTENDING PHYSICIAN 220 ADDRESS	ANN	DICAL STAFF CTOR PHYSICIAN	74	1 8 AT	S/51
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7		FOR		D	EPARTMENT OF HEALT	H AND MENTAL I	TYGIENE	1150
		STATE REGISTRAR		MED	ICAL EXAMINER'S	CERTIFICATE C	OF DEATH REG. NO.	
		CEASED NAME	FIRST		WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR
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/ /A 5 = 5 = 5	3. SE)	7 1 1.	hite	DATE OF BIRTH	YEAR LAST BIRTHDAY) MOP	INDER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 24 HOUR
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F, MD. 21201 ATH. IF ANY DEL S 1, 2, AND 3 TO B 2 S AND 3 TO S 2 S AND 3 TO S	13a. S	L RESIDENCE (IF IN NU TATE Md.	rsing home or 136. COUNTY Pr. G	1	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN. Mt.Rainier	13d INSIDE CITY LIMITS? YES X NO	3121-Queens	Chapel Rd.
A HERNAL	14. FA	THER'S NAME FIRST		MIDDLE	LAST	15. MOTHER'S MAID	EN NAME MIDDLE	LAST 1
IMORI EER DE PAGE ON OP	160 V	(Unknow)	IN U.S. ARME	ED FORCES?	16b. SOCIAL SECURITY NO.	Amy 17. INFORMANT	ADDRESS	(Unknown)
SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN	(Y)	s, no, or unknown)	(IF YES, GIVE WA	AR OR DATES)	333-12-582		Bender-place.	10228-Prince
: 8°87.0		18 CAUSE OF DEAT	H (Enter anly	ane cause per line	ar (a), (b), and (c),)		Ma	APPROXIMATE INTERVAL
2 0 COSW.		PART I DEATH W	AS CAUSED	BY:	ate ethanos	Intixica	tim a head	LIE JEENE ONSET AND DEATH
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SYLA SECTION		death resulted fram	: Natural	I causes .	Accident 🔲 , Suicide 📙	, Hamicide	Undetermined manner,	
MAN WAR		ACTUAL CA	Lucus	a say	turne/	TITLE (SPECIFY)		DATE 41-15-51
SHAPE SHE		SIGNATURE V	1	1.700	and and	M.D. Deputy	MEDICAL EXAMINER	SIGNED 4-15-81
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PATER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S NAME,	Augus	sto P. Ro	driguez M.D.	5009 R	ayburn Ct., Camp	Springs Md.20031
PATO PETO	23a. B	JRIAL, CREMATION, R	EMOVAL 236	. DATE	23c. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 17	24. FI	INERAL DIRECTOR	alley	's Folks	Inc. Mt.Rai	nier 15 10 k	REC'D BY GONTRAR 256 REGIST	TRAR'S SIGNATURE
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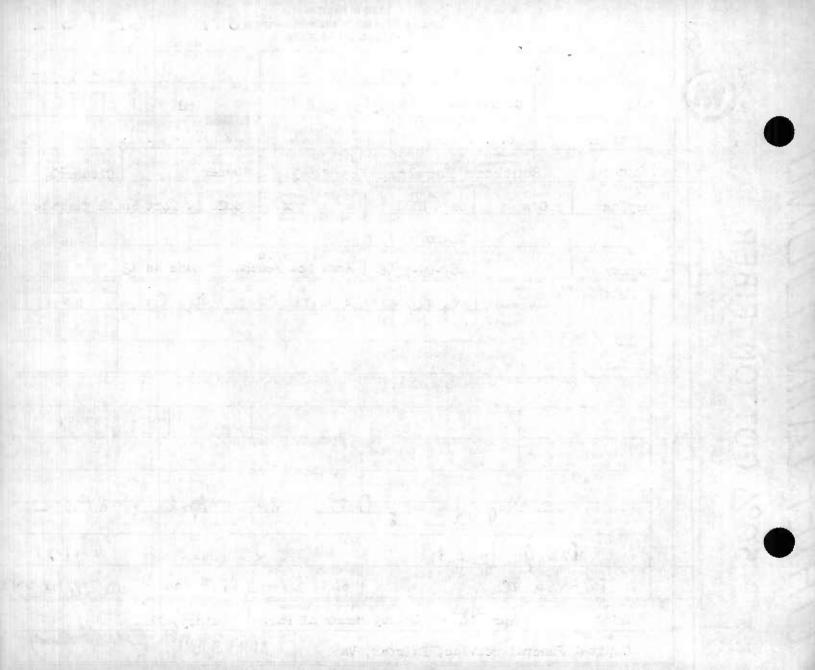
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2e. DATE KNOWNX (TYPE OR PRINT) Charles ESTI-S. Fenn 10 81 DEATH MATED 16 4. RACE SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR YEAR PRONOUNCED male white 1081 16 38 16 9:164 10 DEAD 7b. CITIZEN OF WHAT COUNTRY? 79. BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED USA Wash D.C. WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, V AL RECORDS, 201 W. Prince 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)

CRINDUSTR

CRINDU Prince George Hospital Cheverly USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 9508 Potomac Dr. Ft. Wash. Pr. Geo. Md. 18. GIVE PAGES 1, 2, A WITH FORM PM 3. R WIT, PAGES 1 AND 2 SHOT, DIVISION OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME EAST Rideout Fenn Louise Leonard 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 579-50-3186 Louise R. Fenn 100 Cree Dr. Forest Hghts. unk. ves 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gun shot wound of head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (g) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES X NO [21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH CONTRIBUTING CAUSE OF DEATH \$:30 AM. 4/16 HOUR A.M. MONTH DAY YEAR 19 81 found shot 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK NOT WHILE AT WORK home 9508 Potomac Drive.OxonHill.Prince GeoCo MD EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STE BALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion deoth resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 4/16/81 Assistant DATE SIGNATURE MEDICAL EXAMINER Hormez R. Guard, M.D. EXAMINER'S NAME 111 Penn Street, Baltimore, MD TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 4/20/81 Fort Lincoln Cemetery Burial Brentwood P.G. Md. 24 FUNERAL DIRECTOR 250. DATE REDUCTOR PEGISTRAR'S SIGNATURE **DHMH-17** G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md. VR A15 ME (5) 15M 2/80

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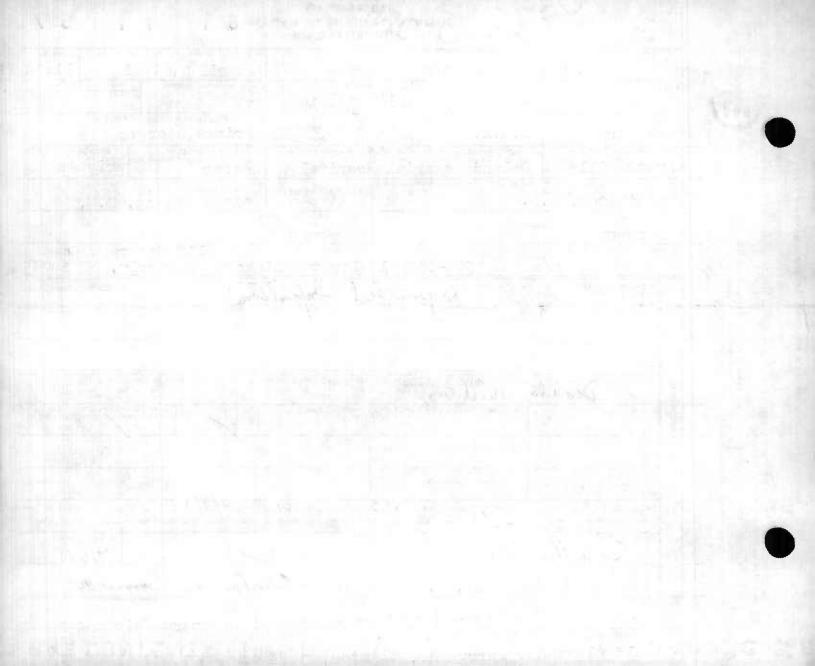
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DE AD TO. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED K FOREIGN COUNTRY) Germany Germany WIDOWED [DIVORCED 176 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION ITYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Cheverly Pro George's Hospital DOA Cook Restaurant USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13. STREET ADDRESS 136 COUNTY Riverdale 13d. INSIDE CITY LIMITS? 67th avenue Md NO [Pro Georges YES . 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Schlaak Johann Finsterwalder Brigitte 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT 219 68 5011 Johann Finsterwalder Rockville, Md. 18 CAUSE OF DEATH (Enter only one cause per light for (o), (b), and (c). BETWEEN ONSET AND DEATH HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO QUAS A CONSEQUENCE OF CAL EXAMINER AI BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED BURIAL, YES 🔲 NO F ORWARDED TO THE C MR: PAGE 3 SHOULD BE HE STATE DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEA OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21L LOCATION AT WORK NOT WHILE 21201 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STINGORE, MARYLAND, 2 229 I certify that I taok charge of the remains described above, held an Inspection and in my apinion death resulted fram: Accident Homicide Notural causes Suicide Undetermined monner TITLE (SPEC)FY) ACTUAL Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 20031 (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION April 23, 1981 Ft Lincoln Cemetery Brentwood Pro Georges Md. Buria 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Gasch's Sons P A Hyattsville, Md. 15M 2/80

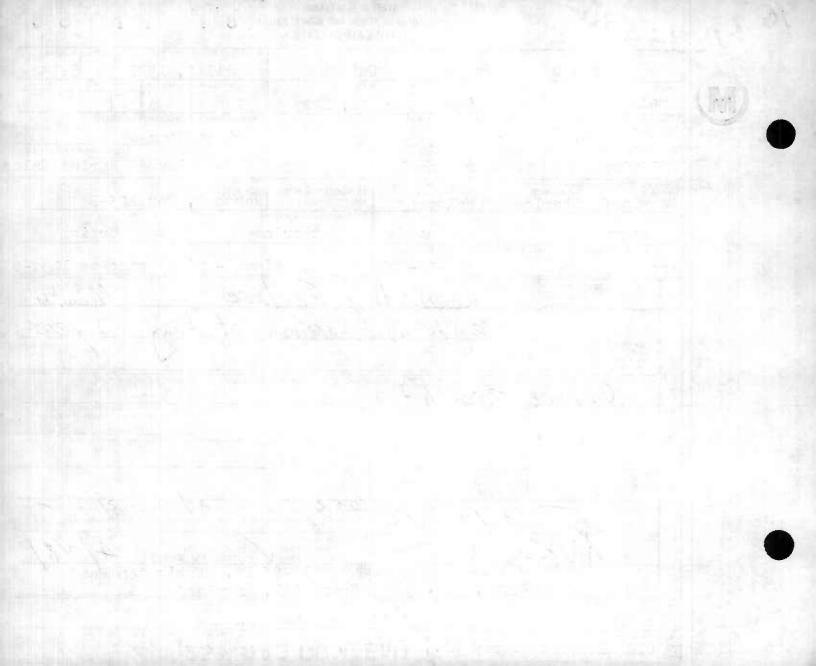
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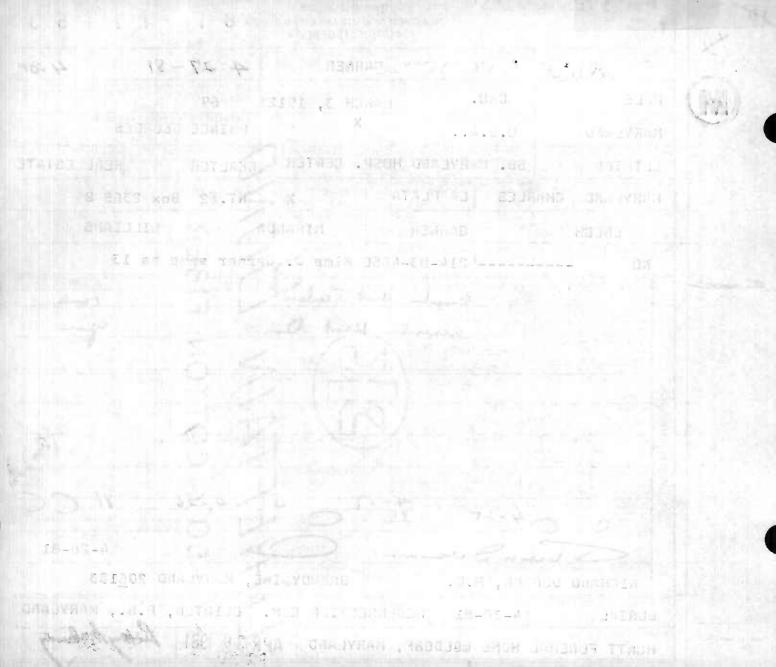


STATE OF MARYLAND

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HMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR HUNTT FUNERA	L HOME	WALDOF	RF, MA	RYLAND 250	APR 3 0 1981 256	RIVER'S STREET					

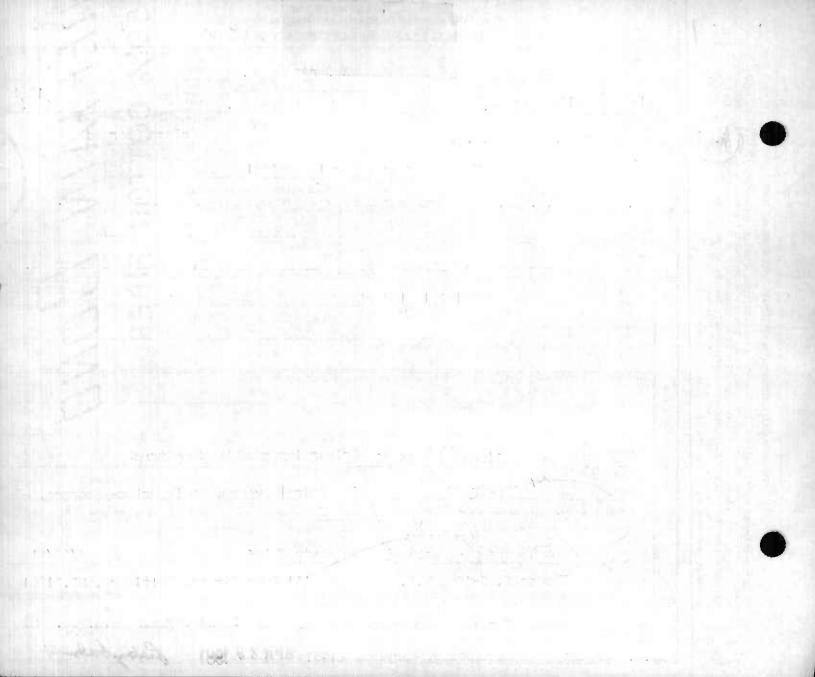
I Item #1 Film G555 5/11/81 rc STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland U. S. B. GIVE PAGES 1, 2, AND 3 TO THE FUI WITH FORM PM 3. RETAIN PAGE 5 1 T. PAGES 1 AND 2 SHOULD BE FILED, V DIVISION OF WAA RECORDS, 201 W, IO. CITY OR TOWN OF DEATH IL-NAME OF HOSPITAL-NURSING HOME, OR OTHER INSTITUTION NOT IN SUCH FACILITY GIVE STREET ADDRESS FOR MOST OF WORKING LIFE)
Housewife Own Home Md . 1207 Marlboro Road 13d. INSIDE CITY LIMITS? NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST LAST John UNKNOWN Lawson 17. INFORMANT 1205 Marlboro Rd., Barbara Bauckman-Lothian, Md 20820 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse ge HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE IN Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION Frellers 20 AUTOPSY? 215 TIME OF INJURY ICATE, WRITING THE WORL FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O YES [] NO P 8 21a EXTERNAL CAUSE VA 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) EXECUTE THE CERTIFICATE, WRITING THE W PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTME BALTIMORE, MARYLAND, 21201 PRIQR TO UNDERLYING 5 P.M. 4-7 CONTRIBUTING CAUSE OF DEATH STREET FACTORY, FARM, ETC.) NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy deoth resulted fram: Accident Undetermined manner Natural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Rodri guez, M.D. ADDRESS 5009 Rayburn Ct., Camp Springs Md (TYPE OR PRINT) (AURUSTO 23d LOCATION CLIV OR TOWN (Pr. Geo's) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Entombment Md. 4/21/81 Resurrection Cem. BP M. FUNERAL DIRECTOR Richard A. C Funeral Home John Maryland Coleman **DHMH-17** (VR A15 ME (5)) 15M 2/80

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	5M 2/80		Г.A. Har	desty	Annap	olis, Maryl	and 2	1401	APR 2	7 1991	- Au	HANK	750	mode	7



	1 -	FOR STATE REGISTRAR			DEPARTM			MENTAL HYG		6. NO.	573 8	1	6 3
		CEASED NAME	FIRST	X STATE	MIDDLE	LAST	1,714	1.034	20. DATE OF DEAT		DAY	YEAR	26 HOUR
			Jane			GILCH	RIST		April 2	1	V		5:18 Am
1)	3. SE	emale		Cauc.		5. DATE OF I	DAY 5	YEAR 21	6. AGE (IN YEARS LA	YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.
72		RTHPLACE (STATE OR FO COUNTRY)	REIGN	TEA CITIZEN OF	WHAT COUNTRY?	MARRIED (NEVER M	AARRIED	Prince G				MD.
6		TY OR TOWN OF DEAT	Н		HOSPITAL, NURSINI THE FACILITY, GIVE STREET A TO MARY LAI			ITUTION	120. USUAL OCCU (TYPE OF WORK FOR MO Housewij	OST OF WORKING		KIND O DUSTRY at h	F BUSINESS OR
31	13a S	Md.	B COUN	TY	134 CITY OR TOWN Marlow E	Ights 3	ES 🛣	NO 🗌	13 STREET ADDRE	ss ldon A	ve.		
60	14. FA	John		W.	Steedman			MAIDEN NA	ME	LE		Cor	lon
medical		VAS DECEASED EVER II (ES NO OR UNKNOWN) NO		WAR OR DATES)	212-66-3		INFORMAI Laurei		Gilchris	bdress same	as	iten	1 13
ar ather traumatic event, the		18. CAUSE OF DEATH PART I. DEATH WAR Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which	DUE TO, O	RAS A CONSEQUE	NOT OF A	piral neos remia	twitt-	hony M	etast	151'5	2	h
injury,	NOI	PART 2. OTHER SIGN	IFICANT C	ONDITIONS <u>Co</u>	ONTRIBUTING TO D	DEATH BUT NO	T RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION G	IVEN IN	PART 1(c) 1
shows ony	CERTIFICATION	190 DATE OF OPERAT	9	19b. COND	ITION FOR WHICH	OPERATION !	VAS PERFOR	RMED	200 AUTOPSY?	IN CERT			IGS USED OF DEATH? NO [
or Item 18 sh	-	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	1c. HOW IN,	JURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM TE	3, PART 1 OR	RPART 2)	
ked	MEDICAL	21d. INJURY OCCURRI	E \square	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA		If. LOCATIO STREET	N	CITY	OR TOWN	,	Q /	STATE
of He 21 is		22a 1 certify that (1) (sow the decease above, (1) (we) (di	d olive on.	4/2	7/ 198	1		_, 19	deoth occurred on the	2.7/ ne dote and he	, 19our ond f		that (I) (we) lost couses stated
AT: If Item		274 PHYST IAN'S NA	3	un	m.	NZ	A ADDRESS		MEDICAL DIRECTOR _ PH	STAFF YSICIAN []	27	4/2	8/81

23c NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/80 (VRA 15, 4)

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

23b. DATE

5/1/81

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial—Entomb

Resurrection Cemetery Clinton

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 198

COUNTY

Md.

23d. LOCATION CITY OR TOWN

91 1.9 of do to de astronot .ov. nobled JOSA . . nt gR volse4 .090 .7 . b ていてうきょす! Jania to TIOT. 217-66-36-2 leurence . Cilchrist erre se tem 13 Novel-intone 5/1/at resemble Commenter Commenter

C.E. T.les 6160 Cyon Hill co. Myon Hill, 16.

5. WASHINGTON LEONS 4925 BURROUGHS AVELLE.

CERTIFICATE OF DEATH REGISTRAR

9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S

REG. NO

25 HOUR

12b. KIND OF BUSINESS OR

LAST

IF UNDER 1 YEAR

8:30AM

INDUSTRY NONE

20b. JF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T

COUNTY

and that in (my) (ou) opinian death occurred on the date and have and fram the causes stated 22c DATE SIGNED

STATE

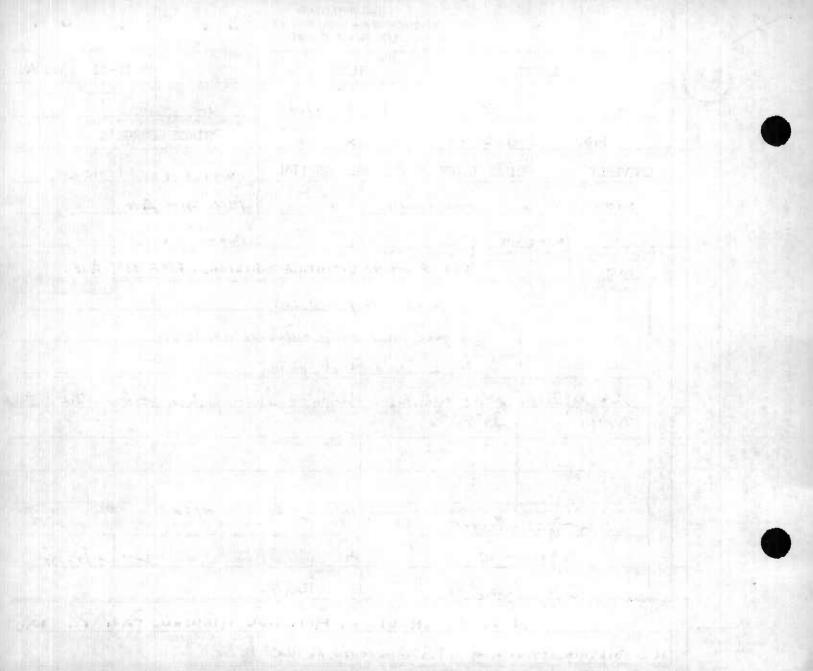
24 FUNERAL DIRECTOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> HIGHLAND TARK 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

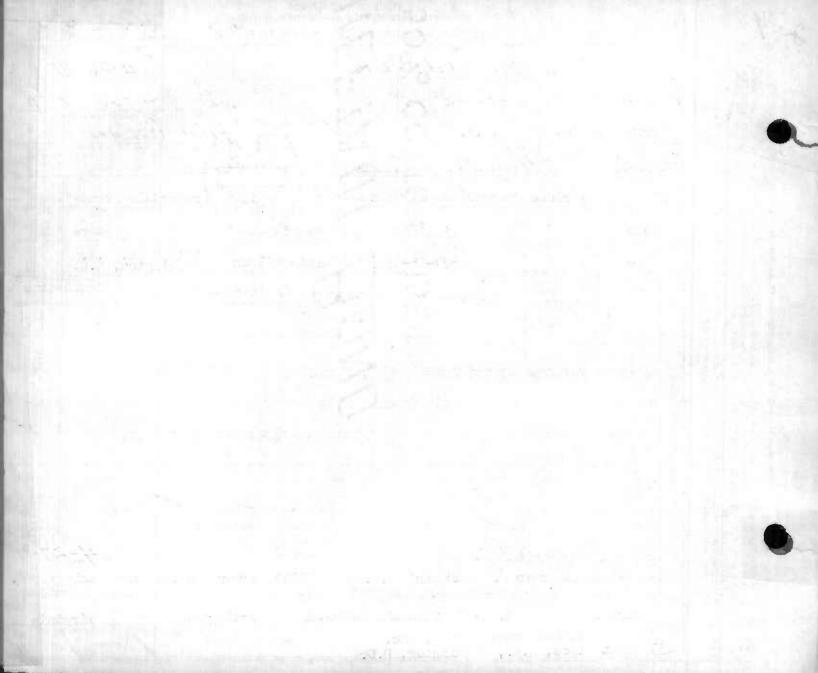
DHMH-16 30M 2/80 (VRA 15, 4)



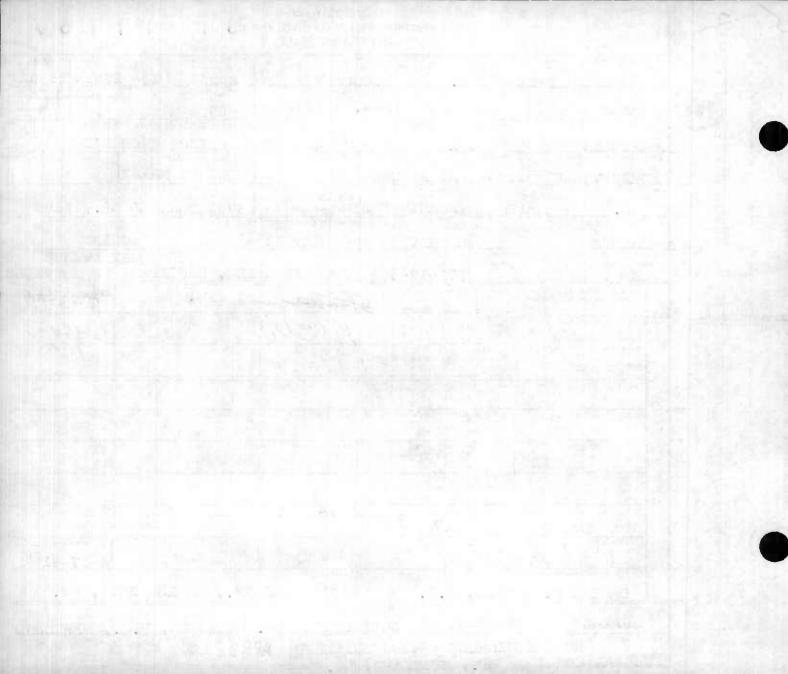
		FOR STATE			E OF MARYLAND EALTH AND MENTAL HY	GIENE 8		1 1	6 5
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. I	10.		
		CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	YEAR	2h HOUR
	line	Nina	J	Gi	lispie		04 08	81	9:58
	3 SE	X	4 RACE	5 DATE C	F BIRTH	& AGE (IN YEARS LAST OF	100	FUNDER I YEAR	IF UNDER 24 H
DUCE.		female	white	02	14 1889	-91-	92 YRS.	DNIH5 DAYS	HOURS M
1000	7a. Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT C	OUNTRY?	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
305	V	irginia	U.S.A.	WIDOWE	DE DIVORCED	Danisha	eorges		
t be	10 C	Riverdale	11. NAME OF HOSPITA JENOTIN SUCH FACILITY, T.eland Me			12a USUAL OCCUPA (TYPE OF WORK FOR MOST Housew	OF WORKING LIFE	12h KIND O INDUSTRY	F BUSINESS
Snu	ÜSU.	AL RESIDENCE (IF NURSING HOM	NE OR OTHER INSTITUTION, GIVE RESID	DENCE BEFORE ADMISSION!				171	
1 Co	13e S			Y OR TOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS		_	
×ax	14. F/	Md. Pr	Geo. Riv	verdale	YES NO I	5316 - '	Caylor	Road	
1/1		FIRST	MIDDLE	LAST	FIRST	MIDDLE		LAS	
18.40	16a V	Thomas		ohnson CIAL SECURITY NO	Lill 17 INFORMANT	.1e	ecc (Floy	
the T	(1	YES, NO OR UNKNOWN)	GIVE WAR OR DATES!					Same a	
31		No	- 22	7-60-3621	Gertrude	Peterson	(Dtr.) abo	MATE INTERVA
shows any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBU	TING TO DEATH BUT		MINAL DISEASE OR COL	206 IF YES,	N IN PART 160 WERE FINDIN	IGS USED
Hygiene m 18 sho	TIE					YES NO	YES		NO 🗌
marked or Item 1		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MO		21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF IN)	ury in Item 18, Pai	RT 1 OR PART 2)	
o pa	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUI	RY	21) LOCATION STREET	CITY OR TO		COUNTY	
nark	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	RT, OFFICE, FARM, ETC.]	Janeer	CITY OR IC	,	COUNTY	STAT
m 21 is		saw the deceased alive above, (I) (we) (did) (did	aspital) attended the deceas an	19 8/ , or oth.	d that in (my) (aur) apiniar	n death occurred on the	date and hour	and fram the	
State Dept.		226 SIGNATURE				MEDICAL STA	AFF ICIAN 🗌	22c DATE	SIGNED
with the State Dept.		224 PHYSICIAN'S NAME (TY			22e ADDRESS				
0	23e E	BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	CITY OR TOWN		OUNTY	STATE
all.		urial	4-12-81	Sardi	s Cemetery	Amher	et /		t.
_		UNERAL DIRECTOR		BOLL OLD		TEREC'D BY REGISTRA		mhers	

. N. Nathke, 186 - ont. N. Wa'relinke

- >	И		FOR		STAT		ARYLAND	IVOLENIE			, 100
2	7	1-	STATE REGISTRAR		DICAL EXAMIN			OF DEATH	REG. NO.	10	0
			CEASED NAME FIRST	10	MIDDLE		LAST	20. DATE	KNOWN MON	TH DAY YEAR	26 HOUR
	ASE OR: URS URS	1.	Kose	MI	GLOVE	FR		OF DEATH	MATED 4	-26 1981	M
	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHINFYZ HOURS WEBJION STREET.	3. SE	male Place	5. DATE OF BIRTH	YEAR LAST BIRTHDA	MONTH	DER 1 YR. IF UNDER	MIN PRONQU	NCFD	H DAY YEAR	24 HOUR
	ESSAL PRAL FEIGHT	7n B	IRTHPLACE (STATE OR	76. CITIZEN OF WH	AT COUNTRY?	8	D NEVER MARR	CV Rednift	MORE CITY OR COL	INTY OF DEATH	M.
	S NEG		North Carolina	U.S.A		WIDOW	ED DIVORC	ED D PSII	100 (1002	980	MD
		CI	ITY OR TOWN OF DEATH	PINOTIN SUCH FAR	PITAL, NURSING HOME, CHIP, GIVE STREET ADDRESS) TROYGLE (1000)	unal)	HO pilal	FOR MOST OF WO Custodia		OR INDUST	JSINESS IRY
.21201	. IF ANY DELAY 3. RETAIN SHOULD HE CORD	130. 5	AL RESIDENCE (IF IN NURSING HOME OF TATE 136 COUNTY Prince)	TY Ce Georges	13r. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDR	ess mingdale	Avenue	
RE, AD	F-1893/		ATHER'S NAME John	WIDDLE	Williams		15. MOTHER'S MAIDE Maggie	A	AIDDLE	Moore	
BALTIMORE, MD. 21201	URS AFIER DE 8 GIVE PAGE WITH FORM T. PAGES I AN DIVISION OF	16a \	No	WAR OR DATES)	577-18-155		17. INFORMANT Fannie Wi	lson 1	218 U St. ashington	S.E.	
	V 24 HOURS N ITEM 18. C ALONG WI IT PERMIT. B YGIENE, DI!		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI IMMEDIA) RY. /	for (a), (b), and (c).)	nom	a of the	Colon)	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
PRESTON ST.,	TED WITHIN 24 HOUND PENCIL IN ITEM 11 NO PENCIL IN ITEM 11 ALL TRANSIT PERMIT AL TRANSIT PERMIT HYGIENE, N, OR REMOVAL.		Canditians, if any, which		AS A CONSEQUENCE O	F					11
201 W.	UTED WITHI IN PENCIL EXAMINER EXAL - TRANS D MENTAL H DN, OR REA		gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE O)F					
ORDS,	D BE EXECT PENDING" MEDICAL AS A BUR EALTH AND CREMATIC	Z	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMIN	NAL DISEASE	OR CONDITION GIVEN IN PAI	RT 1 val.			
TAL REC	SHOULD E DRD "PEN CHIEF ME E USED AS T OF HEAL URIAL, CA	FICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERA	ATION WA	AS PERFORMED?			20 AUTOPSY	?
DIVISION OF VITAL RECORDS, 201 W.	AFE WEN	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR		INJURY MONTH DAY YEAR	21c HO	W INJURY OCCURRE	D LENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR	PART 2)	NO P
DIVISIO	NER: THIS CERTIFIC CATE, WRITING TI FORWARDED TO FOR: PAGE 3 SHOI THE STATE DEPART AND, 21201 PRIOR	MEDIC	CONTRIBUTING CAUSE OF I	21e PLACE O	DF INJURY (AT HOME, DRY, FARM, ETC.)	21f. LOC	ATION	CITY OR TO	wn	COUNTY	STATE
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		220 I certify that I took charg death resulted from: Natur		rbed abave, held an	Autaps	Hamicide ,	Undetermined me	and in my	apinian	19.3
	CAL EXA SHOULD RAL DIR ATH, WI RE, MAR		ACTUAL SIGNATURE OFEIGH	els Pfo	duguey	M.	TITLE (SPECIFY) Deputy	MEDICAL EX AM	DAT AINER SIG	E 4-2	7-81
	MEDI KECUTE AGE 4 O FUNE FITER DE		EXAMINER'S NAME AUGU (TYPE OR PRINT)	meda ya pan		A	DDKESS.		ourt, Camp	Springs	, Md.
000	BP	(3	URIAL, CREMATION, REMOVAL 2 Burial	lay 1, 198	23c. NAME OF CEM Arlington		ional	23d LOCATION CITY OR TOWN Arlingto	n 🥜	/ Wirgin	rate nia
	DHMH - 17 (VR A15 ME (5)) 15M 2/80	24. FI	uneral director Rollins 339 Hunt Place.	N.E. Was	Home, Inc.	C	25 PATER	EC'D. BY REGISTRA	R 29: REGISTRAR	SIGNATURE	
	13/11/2/00									on party on the age.	



	1			STATE OF MARYLAND		
	1.	FOR - STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		116/
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
	(TYPE	E OR PRINT)	ID E	GODFREY	April 16	1981 2:30Am
-	3. SE	x FRF	4 RACE	5. DATE OF BIRTH	April 16 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER EYEAR IF UNDER 24 HRS
J		MALE	WHITE	MÄR. 8 1896 AR	85 YRS	MONTHS DAYS HOURS MIN.
1		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	
1		ARYLAND	USA	WIDOWED DIVORCED		ORGE'S MD.
1	10 C	ORESTVILLE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE) 2805 QUAY AV.		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CABINET MAK)	12b. KIND OF BUSINESS OR INDUSTRY
		AL RESIDENCE LIF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		
L		MD.		TVILLEYES NO	3701 DONNEL	L DR., #103
	14. FA	ATHER'S NAME	MIDDIE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
1)	JAMES	GODFREY	HATTIE		SOULES
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC			UAY AVENUE
		NO	579-10	-3085 CECELIA G	REEN, DAUGHTE	R, FORESTVILLE
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), a	ndic Police		MCMEN ONSET AND DEATH
			TE CAUSE (o)	Stione		2 months
	13	4292	DUE TO, OR AS A CONSEQUE	JENCE OF MCC /)		years
		Conditions, if ony, which gove rise to immediate	(b)	HO CKU		Jew 5
		couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE	JENCE OF		
	Z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART 1101
a	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
1	I E					YES NO
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		PAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART T OR PART 2}
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED		19		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
		AT WORK	tall attended the deceased from	10-14 10-78	· · · · · · · · · · · · · · · · · · ·	/, 19 8 / , that (1) (we) lost
		saw the deceased alive on above (j) (will tidd) (did no		7 ond that in (my) (our) opinion	n death occurred on the date and h	
		27s SIGNATURE	12011	DEGREE		224. DATE SIGNED
		W &	Le VVI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4-17-81
1	1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	72e ADURESS		11 17 01
		DANIEL M.	HOWELL, M.D.	4400 STAMP	RD., MARLOW	HGTS, MD.
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	1	BURIAL	4-20-81 R	ESURRECTION CEM	. CLINTON. P	G. MARYLAND
	24 Ft	JNERAL DIRECTOR ROBT E	E WILHELM ADDREA	At D	TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
	ाम	INERAL HOME	NTTHETM VOORST		14 K T 1301	
			RD., SUIT	AND, MD.		



2	1.	FOR STATE			EPARTMENT OF	HEALTI	MARYLAND H AND MENTAL I	_	1 1	1	6	3
66	1. DE	CEASED NAME Sydney	FIRST		MICAL EXAMII		CERTIFICATE C		OF ESTI-			26_HOUR
Y, PEASI	3 SE		E S. DA	TE OF BIRTH	6. AGE (IN)	EARS IF U	NDER 1 YR. IF UNDER	R 24 HRS. 2c.	DATE NOUNCED DEAD	MONTH 4-2'	7 19 81 7 19 81	Part HOUR P
ECESSAR INERAL D FOR YO WITHIN T	/FC	IRTHPLACE (STATE OR DREIGH COUNTRY) England			AT COUNTRY?	8. MARR	RIED NEVER MARE	9. BA	rince Ge	OR COUNTY	OF DEATH	
DELAY IS NECESSARY, PLE 310 THE FUNERAL DIRECTO N PAGE 5 FOR Y NB FILED, WITHIN 72 PDS, 201 W. PRESTON		ITY OR TOWN OF DE	m 100	AME OF HOSP F NOT IN SUCH FAC Ctor's	PITAL, NURSING HOA LLITY, GIVE STREET ADDRESS Hospital	NE. OR OTI		12a USUAL C	OCCUPATION (TY OF WORKING LIFE) ESMAN	PE OF WORK 12b	KIND OF BUS OR INDUSTRY	SINESS
92502	USU,	AL RESIDENCE (FINN) TATE ngland	RSING HOME OR OTHER NO COUNTY Dorset	R INSTITUTION, GIVI	Parkstone Parkstone	AL	13d. INSIDE CITY LIMITS? YES X NO	130. STREET A	ADDRESS OSSMOTE	Road		
EDEATH. IF ANY DELA AGES 1, 2, AND 3 TO 1 RM PM 3. RETAIN PA 1 AND 2 SHOULD BE F 1 OFWITAL RECORDS, 2	J	ATHER'S NAME FIRST AMES	MIOD		Goodman		15. MOTHER'S MAID	ENNAME	MIDDLE		LAST Mes	
HOURS AFTER M 18. GIVE PAIN NG WITH FOR RMIT. PAGES 1 ENE, DIVISION (L.	16a. \	VAS DECEASED ÉVER ES, NO. OF UNKNOWN) NO.	IN U.S. ARMED FO (IF YES, GIVE WAR OR		None None	TY NO.	Joseph E	. Early	(Bro in	ノブ	00 33rd Hyatts	d Ave
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 SCENIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RIGHT OF THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND: RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH CORN PM 3. RFLASE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULE E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECOID PROPERTY.	NO	Canditions, if a gave rise to cause (a) stating lying cause last. PART 2 DTHER SIGNIFICAN	immediate the <u>under-</u>	(b)	AS A CONSEQUENCE	OF	cardiovasc					
WITAL REC SHOULD E SHOULD E CHIEF ME E USED A TOF HEAL URIAL, CR	CERTIFICATION	190. DATE OF OPERA	ATION	196. CONDITI	ON FOR WHICH OPE	RATION V	VAS PERFORMED?				20 AUTOPSY?	NO []
THE WALLE BOULD BE STAKEN	CAL CERT	210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		MONTH DAY YEA	21c. H	OW INJURY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITEM 18	B PART I OR PART 2		NO []
WRITING WRITING WARDED TO AGE 3 SHC ATE DEPAI (1201 PRICE	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W	WHILE [7	21e PLACE O STREET, FACTO	FINJURY (ATHOME, DRY, FARM, ETC.)		OCATION STREET	CITY	OR TOWN	COUNT	r	STATE
AL EXAMINATE CERTIFICATION BE CERTIFICATION BE AL DIRECT TH, WITH TH, WITH TH, WARYLORE, MARYLORE AL M		22a. I certify that death resulted from ACTUAL SIGNATURE		LAX	ribed above, held an Accident , A S	_Autor	Hamicide TITLE (SPECIFY) A.D. Deputy C.	Undetermin	ed manner ,	DATE	4-28-	81
TO MEDIC EXECUTE TO PAGE 4 SH TO FUNER AFTER DEA SALTIMORI		EXAMINER'S NAME (TYPE OR PRINT)	Thomas	D. Smi	tio, M.D.				Street			
P	(URIAL, CREMATION, R SPECIFY) Cremation		il 30,1	23c NAME OF C		oln Cremat		entwood			id.
MH - 17 15 ME (5))	Cremation April 30,1981 Fort Lincoln Crematory Brentwood Pr. Geo Pr. Funeral Director Francis Gasch's Sons, PAPA Hyattsville, Md.										NATURE	

Legion A Maria (L) our we aring a little in 1941 of the Sois Sanda Sanda dorson H. Farda (See to law) V. Health inceriocc.co-otto co. i viscu in disuble 18-42-61 The second secon Commetted the Peris St. 1981 Form Library Oreman and March and Pr. Goods. Principal Carrier of Large M. Marchard Science

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 1981 4 James Francis Greene DATE OF BIRTH A AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED Male White 1) DEAR 4 Q YRS 32 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRYS WIDOWED [DIVORCED Prince George's D.C. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Naval Officer OR INDUSTRY Riverdale Leland Memorial Hospital U.S. Navy USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36 EQUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES TH NO 3236 Prospect St. N. Washington 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST James Francis Greene Ann Smith ADDRESS Camp Hill Penna. 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Margret P. Greene, Wife. 7 N 30th St.. Vietnam 128-26-6323 Yes CAUSE OF DEATH (Enter only one cause per line of a). (c).) PART I DEATH WAS CAUSED BY: ludes darder Vorenles de IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 ED AS A E CERTIFICATION ARDED TO THE CHIEF A GE 3 SHOULD BE USED A ME DEPARTMENT OF HEA IZOT PRIOR TO BURIAL, C 19g DATE OF OPERATION USED / 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO F 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK AT WOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE GE 4 SHOULD BE FOR FUNERAL DIRECTOR: TER DEATH, WITH THE 27a I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide Undetermined manner death resulted fram: Suicide TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ugusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 2003 405 230. BURIAL, CREMATION, REMOVAL 714. DATI (SPECIFY) Arlington National Cemetery Arlington Virginia Burial 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 250. DATE REC'D. BY REGISTRAR **DHMH-17** 198 5130 Wisc. Ave., N.W. Wash., D.C. (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

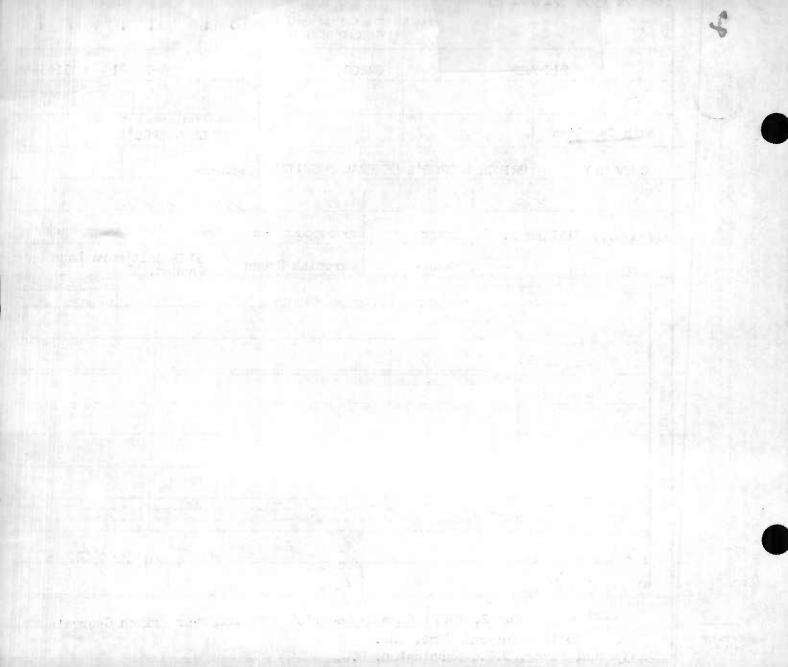
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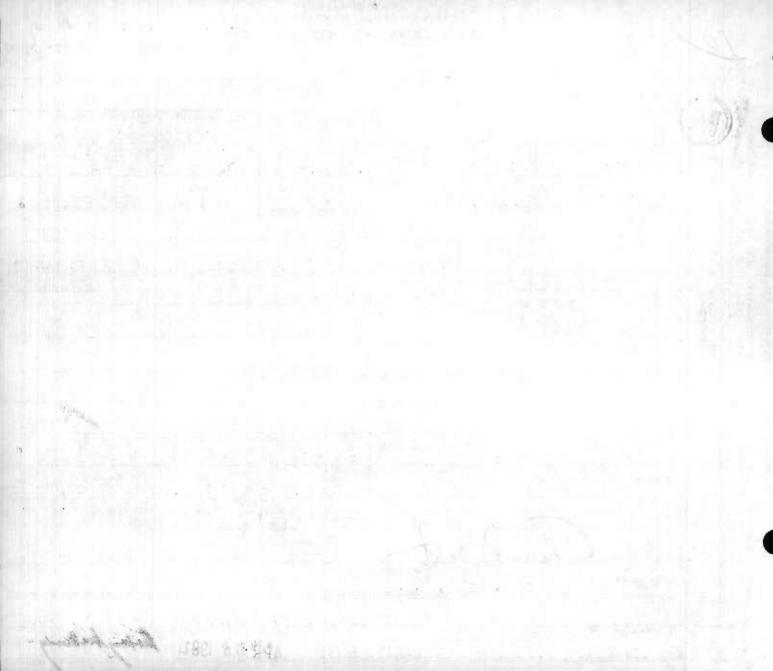
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO MIDDLE DECEASED NAME KNOWNXX 75 HOUR LTYPE OR PRINTS ESTI-OF DEATH MATED Marie 1981 Karen Grogan 4. RACE DATE OF BIRTH IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED 2:14 -emale White NOV 9.1958 DEAD 2/25 198 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND Prince George's DIVORCED County D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Prince George 's Gen'l. Hosp.-DOA Cheverly RECEPTIONIST PHILIPSBORNS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13e STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND PRINCE GEORGE COLLEGE PARK 5105 LACKAWANNA STREET YES XX NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ROY MARSHALL, SR. ETHEL C. McCOLLUM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 219-64-4160 ROY D. MARSHALL, SR. SAME AS 13 FATHER CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE D IRIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cranio-Cerebral Trauma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMENTE, WRITING THE WORD "PROCESSION TO THE CHIEF!"

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TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED

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AFTER DEATH. 2D AUTOPSY? YES XX NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY UNDERLYING XXOR driver in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH ! . 05.M 19 81 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE XX 9500 blk. Cherry Hill Rd., College Park, Prince street George's Co., Autopsy XX 22a I certify that I taak charge of the remains described above, held an Hamicide Undetermined manner TITLE (SPECIFY) M Deputy ChiefMEDICAL EXAMINER DATE 4-3-81 SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. III Penn Street (TYPE OR PRINT) 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) COUNTY BURIAL FT. LINCOLN CEMETERY BRENTWOOD PRI GEO MD 24 FUNERAL DIRECTOR FRANCIS J. GOLLINS **DHMH-17** (VR A15 ME (5) 500 UNIV. BLVD. W. SILVER SPRING MD. 15M 2/80



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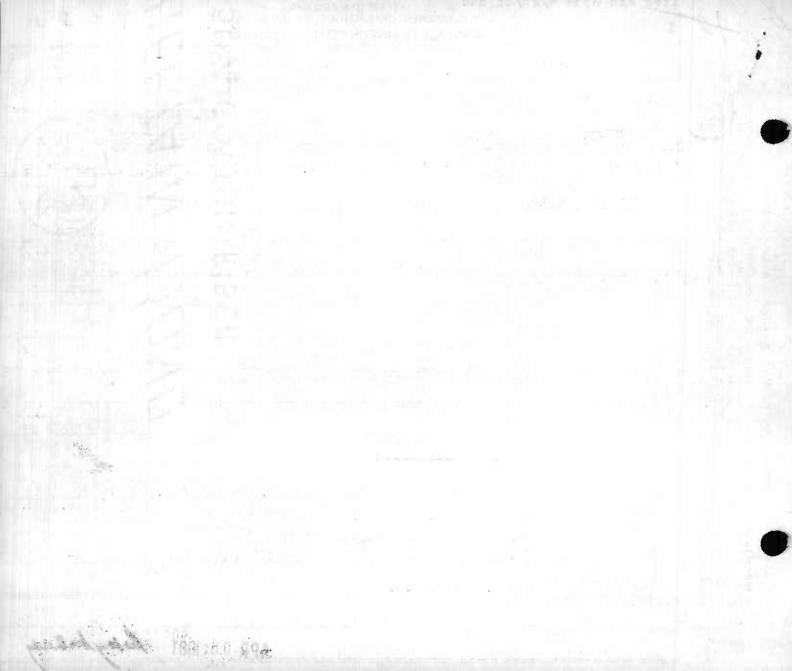
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ecoxbs, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ow requires that the death certificate be executed within 24 hours been signed by the ottending physician and completely filled in by mit. Then please remove carbon papers. Pages 1 and 2 should be file prior to burial, cremation, or removal. any injury, or other traumatic event, the medical examiner must be no	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, COLORITIONS C	DR AS A CONSEQUE	NCE OF	DT RELATED	TO THE TERMI			VERE FINDING	STISED
VITAL REC. N.Y. The low hysicion. icote hos b ronsit perm Hygiene pr Hygiene pr	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	3			17		YES NO	IN CERTIFYII	NG CAUSES OF	F DEATH?
PHYSICIA ending pl this certif he buriol-t nd Mentol	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK	ATH HOUR A R) P 21e. PLACE	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	Y YEAR	II. LOCATIO	1	CITY OR T		COUNTY	STATE
TEND or USE or USE of Head		22a. I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did n					, 19 (aur) apinion d	eoth occurred on the c		nd from the car	
OR he he he be		226. SIGNATURE	Bus	4	M	D A Re ADDRESS		MEDICAL STA	AFF CIAN []	22c. DATE SK	3NED 181
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S CORD		TATE	IF IN NURSING HOME (OR OTHER INSTITUTION, G	13t. CITY C		13d. INS	SIDE CITY LIMITS?	13e STREET AD	DRESS			
E SERSEO	-	MARYLAN	D PRIN	CE GEO	SUIT	LAND	YES			52 BENN	ETT A	VENUE	
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URS GIVEN		18 CAUSE O	F DEATH (Enter on	ly one couse per lin	e for (o), (b), o	ond (c).) -			10110		2001	APPROXI	MATE INTERVAL
ON ST. TEM 18 ONG ONG VERMITER		PARTIDE	ATH WAS CAUSE - //IMMEDIA	TE CAUSE (o)			nd of C	hest					
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F VITAL WORD WORD SELVE	E	21a. EXTERNA	L CAUSE WAS	21b. TIME O	FINJURY 4	/2/81	21c HOW IN	JURY OCCURRI	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PAI	YES X	ON X
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ATE. OPIN.		22a. I certif	y that I took charg	je af the remains de	contract obove	e, held on	Autopsy XX	, Inspectio	on . Inq	uiry 🔲, G	eorge	s Co.	, Md.
EXAMINEI: CERTIFICATE CURTIFICATE CONTRIBUTION ON THE SAMARYLAND		death resulte	ed from: Note	fol guisar .	Actions	Such	н/П. н	lomicide XX	Undetermine	d monner .			
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TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL BATTIMORE, M	1	EXAMINER'S	NAME The	omas D. S	mith.	M.D.	ADDRE	ss 111	Penn S	treet	1.00	410	
7 988048	23a.B		ION, REMOVAL				TERY OR CREA		23d. LOCATIO	N	COUN	/TY	STATE
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10			10	em 1 8222 2/20	/or gl		STATE	OF MARYLAND				
The same	1		1 -	FOR STATE REGISTRAR		DEPART		CATE OF DEATH	REG. N	o.		3 1
	144	(59)		CEASED NAME FIRST	Α	AIDDLE	LA.	ST	28. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
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	. +-		3. SEX		4 RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS
- 0 0 4	ecto.			Male	Caucasi	an		mber 5,1918		52 YRS.		
Pog .	à è	17		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	9 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
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je je	he he with	00	10. CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSI		R OTHER INSTITUTION	128. USUAL OCCUPATI		126 KIND OF	BUSINESS OR
10 s of	filed filed	05		NHAM	DOCTORS	' HOSPIT	AL OF	P.G. COUNTY	Governmen			Defense
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¥ + + + + + + + + + + + + + + + + + + +	pletely nd 2 sh	July /	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST	
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	- 01			VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS		
rimo be e	Poge					232-20-7	947	Ellen Hanly	Same as #	13e	4	
BAL ote	oper ovel.			18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause per	line for (b), (b), or	nd (c).	1	0		APPROXIM BETWEEN OF	ATE INTERVAL
ST.,	emo emo))			ATE CAUSE (0)	Kas.	(was	en jou	lur		14	The
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deo	otte ove otion		- 10	Conditions, if any, which gove rise to immediate	(b)	H	2 3	prituel 1	tamarom		IW	n.
the state of	rem	Ď		cause (a), stating the	DUE TO, OF	R AS A CONSEOU	ENCE OF	1		17.01		
y to	d by leose iol, cr	5		underlying couse last.	(c)		70.1					
S, 2	en p	× .	z	PART 2. OTHER SIGNIFICAN	CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(0)	
ORO req	F + 1		CERTIFICATION	190 DATE OF OPERATION	The couls	TION FOR MUCH	LODEDATION	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	EDE EINIDINI	26.11052
P P P	permit.	2	FICA	4/13/8	Sh	AS JUL A	1.4	west was performed		IN CERTIFYIN	G CAUSES C	OF DEATH?
A + 100	a to a		ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME O	EINITIDY	2700	21c. HOW INJURY OCCUR	YES NO	YES [NO 🗆
DIVISION OF VITA	OTA	0		OR CONTRIBUTING CAUSE OF		W. MONTH D		Fell at 1		IY IN HEM IS PART I	ORPARIZ)	
NO YSIC			MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIP	210 PLACE		3 198	21f. LOCATION	0(1000			
ISIC PH :	C . Th		MEC	WHILE NOT WHILE		EET, FACTORY, OFFICE.	FARM, ETC)	STREET	CITY OR TO		PG.	STATE
ATTENDING aspirol or att	Atter the e s the olith and	1				nome	- t	WYATT DRIVE	KHM11		6.1	mo
FN fol o	or us			220.1 certify that (1) (this has saw the deceased alive i			81 00	d that in (my) (our) opinion	, 10	. 17		nat (I) (we) last
R ATTEN	ed for	7 E		sow the deceased alive abave, (1) (we) (did) (did) 22b. SIGNATURE	nat) view the body	after death.		DEGREE			22c DATE S	
0 0	toch P De			V.	l. (1	214	ME	ATTENDING	MEDICAL STA	fF.	1.1	2/81
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TO HOS	should be deto	-	220 0	URIAL, CREMATION, REMOV			NAME OF C	METERY OR CREMATORY	123d LOCATION		J	
1,00m				SPECIFY) Burial				coln Cemetey	CITY OR TOWN	od D	G.	MI.
BP_			24 FI	JNERAL DIRECTOR			C. DIII		Brentwo			
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	e T	9)	(TYPE	OR PRINT)	WILLI	AM	J I	IARNEY			APRIL	8	1981	4:47P M
	шой	9	3 SE	(4. RACE		5. DATE O	F BIRTH DAY	VC A D	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
	Page, 4 director	-1	Ma	ale		Cauc	casian	5-7	7	1898	82	YRS	MONNIG DATS	, and a second
	h. Po	الم مرية	7a. BI	RTHPLACE (STATE OR COUNTRY)	FOREIGN		WHAT COUNTRY?	8. MARRIED	NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	7-2-1-
	death. funeral hin 72	370		lass,		U.S.A	HOSPITAL, NURSI	WIDOWE		NORCED [PRINCE			MD.
201	by the	83	L	ty or town of de. anham		Docto	rs Hosp	Ltal o	E Pr.	Geo. Co	TYPE OF WORK FOR MOS	TOF WORKING L	(FE) INDUSTRY	villeRet
AND 21	n 24 hau filled in hauld be			Md.	Pr.	Geo.	130. CITY OR TOV		13d. INSIDE C		13e. STREET ADDRES	herr	ywood	La.
MARYL	campletely	ar Opping	14. FA	Thomas		MIDDLE	Harney			S MAIDEN NAM	MIDDLE		Da	ley
BALTIMORE, MARYLA EXAMINER	n and co	medical		AS DECEASED EVER		MED FORCES?	166. SOCIAL SECT		17. INFORMA		. Harney	Same	as #	13
PMD BY MEDICAL	e deat mave c	njury, ar ather traumatic ev	NO	Conditions, if ony gove rise to improve (o), stothic underlying couse	, which mediate ng the lost.	(b)	OR AS A CONSEQUENCE TO SECUENCE TO SECUENC	ENCLOF C	NOTREL	fly.	MAL DISEASE OR CO	r Yes		0.
AL RECORDS, TO PMD	an. has been t permit. ene priar	Gws any	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATION	WAS FERFO	RMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI	
DIVISION OF VITA	OR ATTENDING PHYSICIA he hospital or attending pl DIRECTOR: After this certificached for use as the burial-ticept: of Health and Mental	MPORIANI: If flem 21 is marked or frem 18 sh	WEDICAL WEDICAL	220 I certify that (1) sow the access booke. 22b. SIGN MURE Rispal URIAL, CREMATION,	CAUSE OF DEA	21e PLACE (AT HOME, ST tol) offender of M. D. M.	M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE. The decepted from t	NAME OF C	211. LOCATH STREE	19 800 (our) opinion of ATTENDING PHYSICIAN 555	lace #200	dote and ha	county 19 7, or ond from the 22c. DATE 4/9 Springs	9/81 s, Md.
07	BP d		(Buria	1	4-11-	-81 Di	ruid f	Ridge		Pikesv			Md.
D	HMH-16 30M 2/80 (VRA 15, 4)		24 FU	16.000	Bea Annar		eral Nom Rd. Bowi	e. M	done.	25a. DATE	REC'D. BY REGISTR	AR 25b. REGIS	TRAR'S SIGNAT	TURE

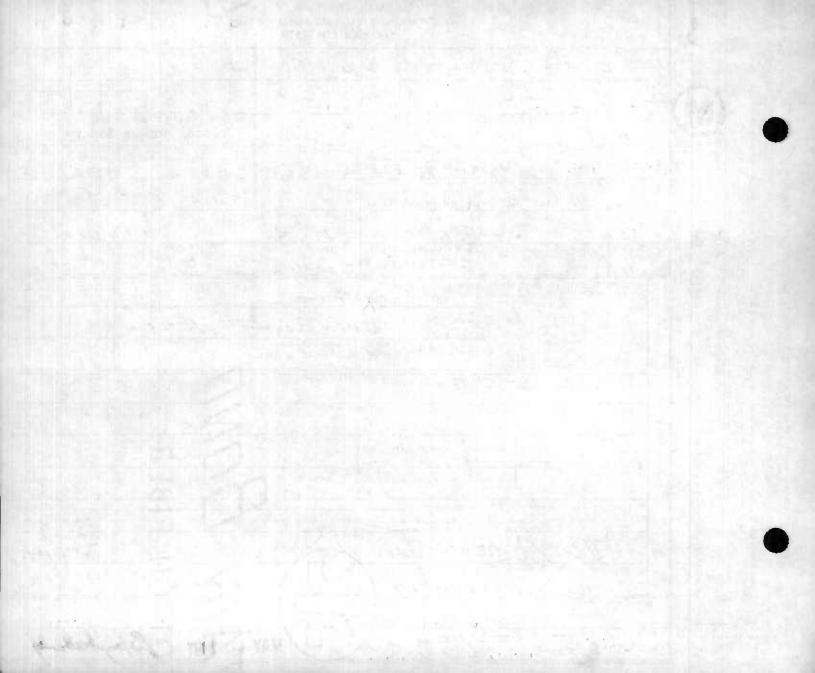
Casion 5-7- 1898 87 Selection of the Select Pr. Geo. Booke 1270h Cherryson Li Wales Thomas Karne Marne Yes WW1 131-01-61376 Souert & Harney Sone as 4 13 Sixesville Balt. Her. Spain riun T / Fall-t Deall Funelal Noue 15,000 Annanalis St. Bowie, Mt.

			1.	Items 21a. FOR Film#G555	= 21f. 5-28-8:	& 22a.&	MENT OF H	EALTH AND MENTAL HYGI	ENES	111	3 3
				REGISTRAR			CERTIF	ICATE OF DEATH	REG NO		
	e ω£		I DE	CEASED NAME FIRST OR PRINT)		WIDDLE	L	AST	20 DATE OF DEATH	MONIH DAY YEAR	26 HOUR
	page 3			KENNE		ACY		RELL	APRIL	04 1981	7:14P M
	4 mg or, p		3 SE	MALE	4 RACE CAU		5 DATE C	RIL 03 1954	6 AGE (IN YEARS LAST BIRT	HDAY I WEAR MONTHS DAYS	HOURS MIN
	lirect	10	7- 01					KIL 03 1934	27	YRS	
	# 6	100	_ C	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY	MARRIE	NEVER MARRIED		RGE'S COUNTY	,
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201	by the	28	AN	DREWS AFB MD	MALCOL	M'GROW US	SAF	DICAL CENTER	SECURITY		TARY
MARYLAND 2120 KAMINER	filled in rould be	19	-	AL RESIDENCE (IF NURSING HOME OF STATE 13 COUN CORRIS HOUS	ton Co.	130 CITY OR TOV		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Cliff Road	
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OUNTY MEDICAL EXAMINER	ompletely f	35	E		rearon	Harre	77	Hazel	C.	Horne	Τ
EX EX	9 0 000	las	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?			17 INFORMANT	ADDRE		
BALTIMORE, ICAL EN	n and a	medi 3	(,	res. NO SEES (IF YES 97	5-1981	267-17-9	9124	Kathleen Harr	ell (Wife)	Same as # 1	3.
CC	sicion pers. F	‡		18 CAUSE OF DEATH Enter on	ly ane cause pe	er line to (a), (b), a	nd c CA	RDIOPULMONARY			IMATE INTERVAL ONSET AND DEATH
ED3	ertificate ng physic banpape remaval	vent	П	PART I. DEATH WAS CAUSE	E CAUSE (a)Z	Cand	iopu	Imenary a	irrest		
NO	h cei	ptic		9530	DUE TO . C	DR AS A CONSEQU	ENCE	- 7		2011 SP 1010	
EST	dept offer ove of ition,	m n a		Canditians, if any, which	(b)X	ac	pen	Lice'	ASPHYXIA		
W. PRESTON OUNTY M	the rem	ner fr		gave rise to immediate cause (a), stating the	DUE TO, C	OR AS A CONSEQU	ENCE OF	2,			
201 W	that d by lease lal, c	or oth		underlying cause last	(c)_					TOTAL PROPERTY.	
	squires r signe Then pl	njury, s	NO	PART 2 OTHER SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PART 110	a ·
DIVISION OF VITAL RECORDS, PRINCE GEORGE'S	beer mit.	ony	CERTIFICATION	196 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	
OB	he k on. hos t per	SMO	TIFIC	none	NA				YES NO	IN CERTIFYING CAUSES	NO
GE G	ysici cate cate Hygi	~~~	CER	210. ACCIDENT WAS UNDERLYING	245 J 448	OF INJURY	VEAD	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 21	
CE		them 9	AL	OR CONTRIBUTING CAUSE OF DEA	0	r.m. Month 10	81	Hanging			
PRINCE NOTIFI	his c	ă	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	EARLA STC 1	211 LOCATION	CITY OR TOW	20331	27472
PRIN(offer the sthone	morked	2	AT WORK NOT WHILE	Hos	pital	PARM, EIS.	Malcolm Grov	USAF MED	Cen, AAFB	MD.
	R A Heelt	su 5		22a.1 certify that (1) (this haspi			4,41	pr 19 81	. 10		that (1) (we) last
	Sprite CTO CTO	1221		saw the deceased alive an abave_((we) (did) (did na	view the back	natter death.	el-den	Hat Suicoidenian d	eath accurred an the do	ite and haur and fram the	causes stated
	or he he borned Dept.	le le		226. SIGNATURE			-	DEGREE		22c DATE	SIGNED
	AL #	±	-9	X Mich	XX	fuelm	X:		MEDICAL STAF	IAN 5 746	42ml8
	ro Hospit, etained by TO FUNER, should be d	MPORTAN		MICHAEL DUDN	IEK, MA	JOR USAF	мС	220 ADDRESS MALCOI ANDREW	M GROW USA	F MED CEN 20331	1
	of of of w	≥	23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c.	NAME OF C	METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	BP			Burial	April	/10/81 M	iagnoli	a Park Cem.	Warner Rol	oins, Houston	n, Ga.
	AH - 16 60M 1/7	5		INERAL DIRECTOR		ADDRESS		to are	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNAT	URE
((VR A 15 (4))	110	Cha	mbers Funeral	Home R	iverdale,	Mary.	Land APR	T3 1381	-	

A CHARLES AND A LOCAL TO THE REAL PROPERTY OF THE PARTY O The surround the American St. 25 THE LEAST CONTRACT WHEN STAFFED TO SERVE THE STAFFED TO SERVE THE The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 20 DATE OF DEATH DECEASED NAME 25 HOUR ITYPE OR PRINTA 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF WIDER I YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED Prince Georges County I CITY OR TOWN OF DEATH NAME OF NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOT ShopPE BALTIMORE, MARYLAND 2120 13e STREET ADDRESS 14 FATHER'S NAME FIRST ON 501 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for ia , (b , and ic PART I. DEATH WAS CAUSED BY. PRESTON ST., Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTE NO sho Mentol Hygie 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED ō 21e PLACE OF INJURY puo CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ed NOT WHILE AT WORK AT WORK 220.1 certify that (II (this hospital) attended the deceased from, the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) me the body after death 22h SRSNATUR 22c. DATE SIGNED JENDING FUNERAL old be deto PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be 0 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECIFY) Burial Shelby, STATE Church Cemetery N.C. 24 FUNERAL DIRECTOR Bacon Funeral Homedoness 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 Street, N.W., Washington, D.C. (VRA 15 (4))

STATE OF MARYLAND



1.	REGISTRAR DECEASED NA	MF FI	IRST	MEDICAL EXAM	AINER'S CE		OF DEAT	DATE KNO	REG. NO.	MONTH	DAY	YEAR
	(TYPE OR PRINT)		elvin	Turner	Ha	arris		OF ES	TI-	4		19 81
	male	blac	ck 5. DATE OF B		(IN YEARS IF UND IRTHDAY) MONTHS YRS.			DATE ONOUNCED DEAD		4 4	1	YEAR 19 83
	BIRTHPLACE FOREIGN COUNTRY WASHING	TON, D.	.c. USA		WIDOWE		ED .	BALTIMORE Prince	Geor	rge	Cou	nty
	Cheve	rly	Prin	F HOSPITAL, NURSING H SUCH FACILITY, GIVE STREET ADDI 1CE George G	eneral H	Nospital	FOR MOS	OCCUPATION OF WORKING I	LIFE)	F WORK		ND OF BU R INDUSTI
30	MARYLA	ND 124	PHOME OR OTHER INSTITUTION GEOR	ON, GIVE RESIDENCE BEFORE AS RGE 13HYATTSV	TLLE	YES TO NO	135702	CHILL	UM HE	EIGH	ITS :	DRIV
14.	MELVIN		T. MIDDLE	HARRIS SENI		S. MOTHER'S MAIDI KATTE M	AE WRI	GHT				LAST
160	WAS DECEAS (YES, NO, OR UNK? NO		.S. ARMED FORCES? ES. GIVE WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	DENISE 1	HARRIS	5702 ^{AE}	CHILI	LUM	HEI	GHTS
	gave	rise to imme	ediate / (b)									
100	cause (lying co		DUE TO (c) DITIDNS CONTRIBUTING TO	O, OR AS A CONSEQUEN	E TERMINAL DISEASE D		iRT 8 (a),					
THE CATION	cause (lying co	a) stating the cause last. SIGNIFICANT CONC	DUE TO (c) _ DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE D	S PERFORMED?					,	AUTOPSY'
MOSTA CIBITARY AND	cause (lying co	a) stating the gause last. SIGNIFICANT CONE OF OPERATION NAL CAUSE W NG OR TING CAUSE	DUE TO (c) _ DITIDNS CONTRIBUTING TO 19b. CC AS 21b. TIA HOUSE OF DEATH	DEATH BUT NOT RELATED TO THE ONDITION FOR WHICH I ME OF INJURY R. A.M. MONTH DAY P.M.	ETERMINAL DISEASE D OPERATION WAS YEAR 9	S PERFORMED?		ure of injury in	N ITEM 18 PAR	RT I ORPA	,	
MOUTA CONTRACT IN COLUMN	PART 2 DTHER 19a DATE C 21a EXTERN UNDERLYIN CONTRIBU	o) stating the couse last. SIGNIFICANT CONE OF OPERATION VAL CAUSE W. G. OR	DUE TO (c) DITIONS CONTRIBUTING TO 19b CO AS 21b TIM HOUF SE OF DEATH	DEATH BUT NOT RELATED TO THE ONDITION FOR WHICH O ME OF INJURY R. A.M. MONTH DAY	ETERMINAL DISEASE D OPERATION WAS YEAR 9	s performed? W Injury occurre	ED (ENTER NAT	ure of injury in	NITEM 18 PAR		,	
13	PART 2 DTHER 190 DATE C 210. EXTERN UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK 220. I cee	o) stating the gause last. SIGNIFICANT COND OF OPERATION NAL CAUSE W. NG OR CAUSE OCCURRED NOT WHILL AT WORK rtify that I taak	DUE TO (c) DITIDNS CONTRIBUTING TO 19b. CC AS 21b. TIM HOUF SE OF DEATH 21e. PL STREE	DEATH BUT NOT RELATED TO THE DID TO THE PROPERTY OF THE PROPER	PERMINAL DISEASE D OPERATION WAS YEAR 9 111. LOCA STRI	S PERFORMED? W INJURY OCCURRE	ED (ENTERNAT		, and 11		DUNTY	
2	PART 2 DTHER 19a DATE C 21a EXTERN UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK 22a I cee death resu	O) Stating the gause last. SIGNIFICANT CONE DF OPERATION NAL CAUSE W. NAL CAUSE W.	DUE TO (c) DITIONS CONTRIBUTING TO 19b CC AS 21b TIM HOUSE OF DEATH 21e PL STREE charge of the remain Multiple causes KM Drmez R. G	DEATH BUT NOT RELATED TO THE ONDITION FOR WHICH (ME OF INJURY R A.M. MONTH DAY P.M. ACE OF INJURY (AT HO) ET, FACTORY, FARM, ETC.) Ins described above, held Accident , Accident , Accident ,	YEAR 21t. HOV YEAR 21t. LOCA STRI Autopsy Suicide ,	ATION EET WINJURY OCCURRE ATION EET WINJURY OCCURRE AND Inspection Homicide TITLE (SPECIFY) ASSISTAT DORESS 111 F	IN	Inquiry Inquir	and II	DATE SIGNI	DUNTY pinion	YES (X)

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X	1-	FOR STATE	AAF	DEPARTMENT OF HEAL			1 1 8 6
2 Magazilla		REGISTRAR CEASED NAME PE OR PRINT) FIRST	43	MIDDLE HEISTH	LAST	REG, NO.	MONTH DAY YEAR 22 HOUR 4-16 18/ M
RY, PLEASI DIRECTOR OUR FILES ON PREDICTOR	3. SE	Male While	5. DATE OF BIRTH		UNDER 1 YR. IF UNDER 2	A HRS. 26. DATE PRONOUNCED PRONOUNCED	MONTH DAY YEAR 34-HOUR
IS NECESSARY,	3 F	IRTHPLACE (STATE OR DREIGN COUNTRY) Virginia	76 CITIZEN OF W	MA	RRIED NEVER MARRIE	BALTIMORE CITY OR	COUNTY OF DEATH OUTGES MD.
주문음을 있으나		ITY OR TOWN OF DEATH Laurel	Greater 1	SPITAL, NURSING HOME, OR C ACILITY, GIVE STREET ADDRESS) Laurel-Beltsvil	THER INSTITUTION Le Hospital	170 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) CUSTODIAN	House of
21201 F ANY DEL AND 3 TO RETAIN PHOUDS.		AL RESIDENCE (FINAL HOW	UNITY.	13(CITY OR TOWN Savage	13d. INSIDE CITY LIMITS?	8305 Woodward	Street
RE, MD.	HLF	ATHER'S NAME FIRST James	Heisman	LAST	15. MOTHER'S MAIDEN	MIDDLE	IT EN LAST
URS AFTER DEATH. URS AFTER DEATH. URS OF PAGES 1. WITH FORM PM. II. PAGES 1 AND 2. DIVISION OF VITA	16a.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16h SOCIAL SECURITY NO. 213 01 7615	Hazel Heis	ADDRESS shman same as al	bove
E SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF WORD." THEN IS GIVE PAGES 1, 2, 8 CHIEF MEDICAL IN THEN IS GIVE PAGES 1, 2, 8 CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. BE USED AS A BURIAL TRANSIT FERMIT. PAGES 1 AND 2 SHOT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH INT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH INT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH INT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHIN INT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHIN INT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHIN INT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHIN INT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHIN INT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHIN INT OF HEALTH AND MENTAL HYGIENE.	NO	Canditions, if any, wh gave rise to immedicause (a) stating the unallying cause last. PART 2 DTNER SIGNIFICANT CONDITION	(b)	R AS A CONSEQUENCE OF	EASE OR CONDITION GIVEN IN PART	1 (a)	
F VITAL REC TE SHOULD E WORD "FEN FE CHIEF ME BE USED A ENT OF HEAN	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
IION OF THE CAT THE CA	MEDICAL CER	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE (214. INJURY OCCURRED	OF DEATH P.A	A. MONTH DAY YEAR A. 19	HOW INJURY OCCURRED) LENTER MATURE OF INJURY IN ITEM 18 PA	IRT OR PART 2}
DIVIS THIS CEF WARTING WARDED PAGE 3 TATE DE	WE	WHILE NOT WHILE		TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
MEDICAL EXAMINER: CUTE THE CERTIFICATE E 4 SHOULD BE FORT FUNERAL DIRECTOR: ER DEATH, WITH THE S	2	ACTUAL SIGNATURE	gusa Y	Accident , Suicide C	apsy Inspection Hamicide	Undetermined manner . MEDICAL EXAMINER Rayburn Ct., Camp	DATE SIGNED 4-16-81 Springs Md.
PE PA 1 2 PA 1 PA 1		BURIAL, CREMATION, REMOVA SPECIFY) Burial	Aprid 1.8,	1.981 Fort Linco	oln Cemetery	Brentwood, Man	
DHMH - 17 (VR A15 ME (5))	24. 1	NAME DO naldso	n Funeræt	Home, Laurel,	Md 250. DATE RE	CD, BY REGISTRAR 256, REGIST	TRAN'S SIGNATURE

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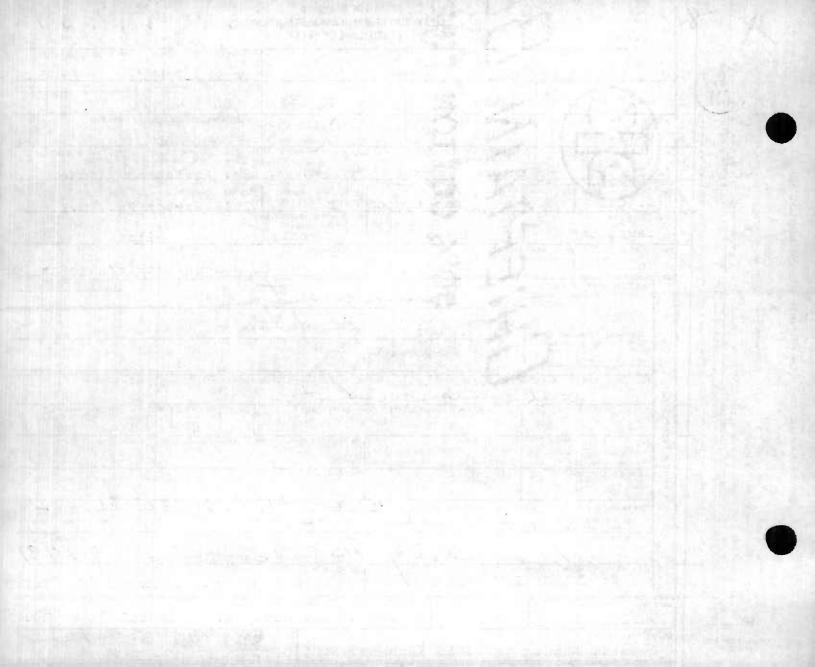
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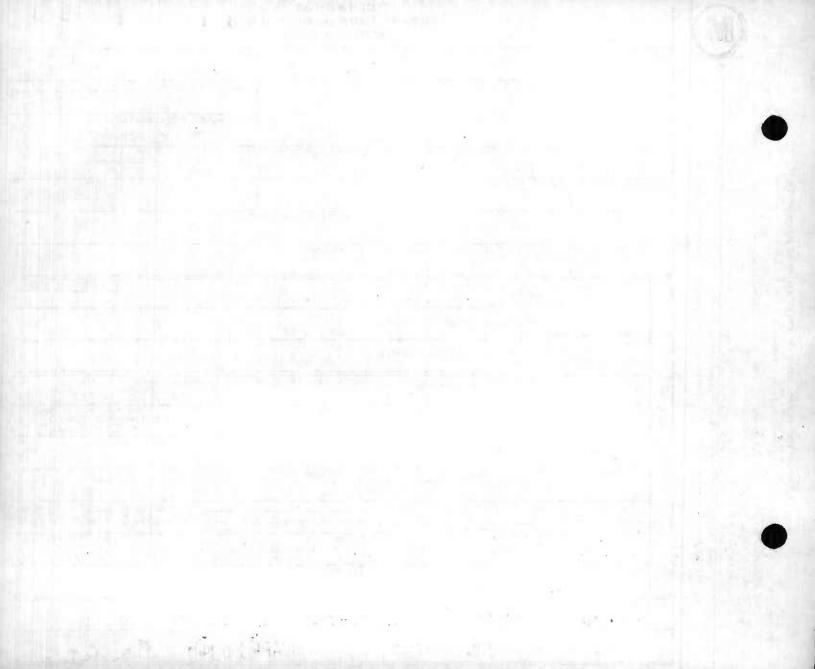
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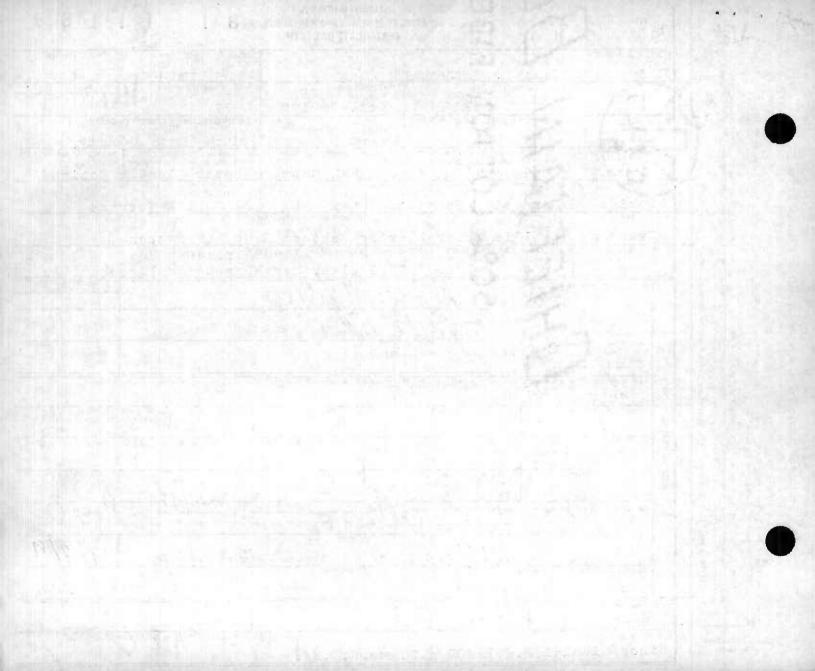
(VRA 15, 4)

STATE OF MARYLAND



(VR A 15 (4))





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funcial a should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be feed within 72 highly the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

)		CEASED NAME FIRST	MIDDLE					
/				LAST	20 DATE OF DEATH MON	TH DAY YEAR	26. HOU	IR
/	3 SE	FREDER	ICK MILTON HIN	ISHAW	APRIL 26, 19	981	4:00	PM
5	u. 06.	X	4 RACE	5. DATE OF BIRTH19	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEA		
3		MALE	CAUCASIAN	SEPTEMBER, 1906	74	YRS. MONIHS DAY	HOURS	MIN.
50	7a. Bi	RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9 BALTIMORE CITY OR CO			E 371 T
23100		INDIANA	USA	WIDOWED DIVORCED	PRINCE GEOF	RGES COUNT	Y	MD.
28	AN	DREWS AFB	(IF NOT IN SUCH FACILITY, GIVE STREET MALCOLM GROW USA	IG HOME OR OTHER INSTITUTION ADDRESS) AF MED CEN	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO COLONEL)	DRKING LIFE) 126. KIND INDUSTR	OF BUSINE	
35	MA	AL RESIDENCE (IF NURSING HOME OR C STATE 130 COUN' RYLAND CALVI	TY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 2 AZALEA RD			
\$40	RO	BERT THOMAS HINS		MILORA ELLE	WIDDLE	ME	LTON	
2		VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) YES 1932-	AED FORCES? 166 SOCIAL SECU WAR OR DATES) 229-36-1		ADDRESS HINSHAW JR.	5550 COLU ARLINGTON		
injury, or other trous	NOI	Conditions, if ony, which gove rise to immediate cause ioi, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	ENCE OF DEATH BUT NOT RELATED TO THE TERM	inal disease or condition	ON GIVEN IN PART	l(a'	
Z Swort	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO Y	b. IF YES, WERE FIND I CERTIFYING CAUSE YES [NGS USER	TH?
or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY	Y YEAR 19 21f. HOW INJURY OCCURS	ED (ENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR PART 2		
is morked o	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN	COUNTY	5	STATE
Z 1 3 m		220.1 certify that (I) (this has a saw the deceased alive on above, (I) (use) (did) (did not	APRIL 26 19.8	APRIL 6 , 1981	, to <u>APRIL 26</u> deoth occurred on the dote o	nd hour and from the	, that (1) (s	
T: If Ifem 2		22b. SIGNATURE	7. Grad	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		E SIGNED	, 198
MPORTANT		STEVEN Z. LYSAL	Cpt, USAF, MC		M GROW USAF M	MEDICAL CE	NTER	
2		BURIAL, CREMATION, REMOVAL SPECIFY CREMATION	23b DATE 23c N	NAME OF CEMETERY OR CREMATORY TROPOLITAN CREMATO	23d LOCATION	COUNTY		RGINI

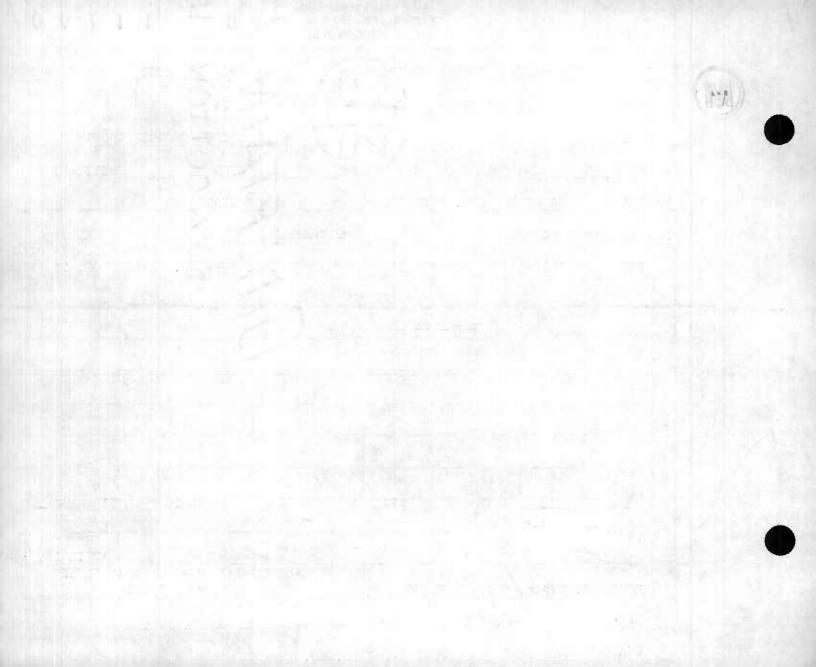
ADDRESS

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STATE OF MARYLAND

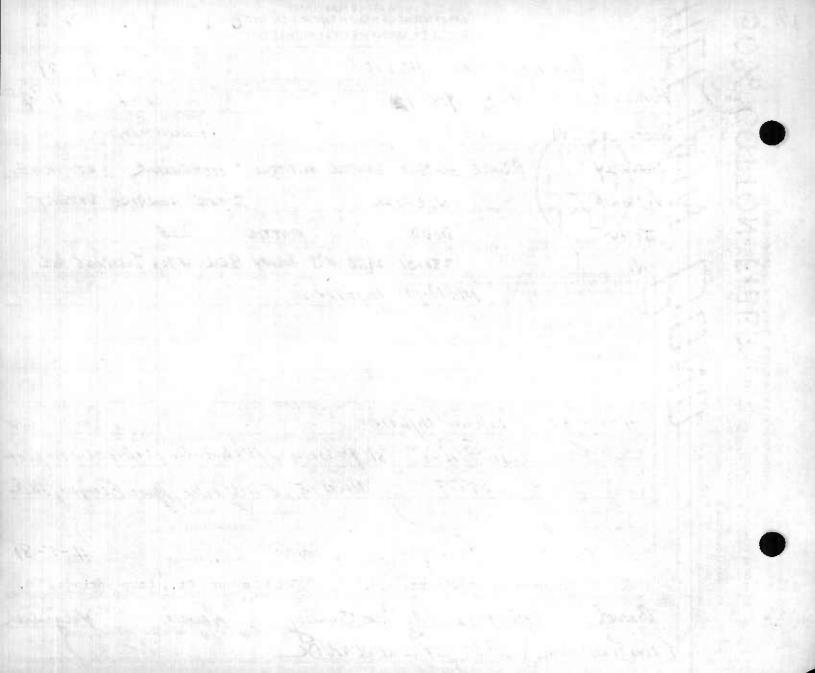
DHMH - 16 50M 1/81 (VRA 15, 4)

DONALD V BORGWARDT



4 0		FOR STATE REGISTRAR	LEA BJJO	,		MENT OF	HEALTH		ND ENTAL HYGI CATE OF D	EATL	11	19	1
		CEASED NAM		. 7	MIDDLE			HOLM		20. DATE KNOV	1-	11 01	Zb. HOUR
PLEASE CTOR. FILES. HOURS	3. SE	X	LEO1	5. DATE OF BIRT	H Y YEAR	6. AGE (IN Y		VDER 1 YR.	IF UNDER 24 HE		MONTH	19	11:136
ARY, I DIRECTOR NO. 17 H		nale	black	8 1	2 41	39 v	RS. MONT	HS DAYS	HOURS MIN.	PRONOUNCED DEAD 9. BALTIMORE C	4-	19-	p _M
NAME OF THE PARTY	7 6	oreign country) uth Car		II.S.	A .	NIKT!	MARR WIDOV		VER MARRIED DIVORCED	Prince	_		unty
O THE PAGES	10. C	nty or town	OF DEATH	11. NAME OF HE	OSPITAL, NI	URSING HOM STREET ADDRESS	S CO			USUAL OCCUPATION FOR MOST OF WORKING LIFT and Blaste	E)	OR INDUS	
IF ANY DELAY IS NECL. ARY, PLEASE 2, AND 31 O'THE FUNEAU D'RECTOR. SHOULD BE FILED, WITHIN 72 HOURS. 201 W. PRESTON STREET,	USU 130 S M	STATE	(IF IN NURSING DOME OF 131) COUNTY Prince	TY	13c. CIT	Y OR TOWN	ION)	13d. INSIDE (STREET ADDRESS	st Roa	d	
E, MD. ATH. IF PM 3. ND 2 SI	14. F	ATHER'S NAME FIRST Nathan		MIDDLE	Holma	LAST		F	ER'S MAIDENNA TIRST Tulia			ockhart	
BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, GIVE PAGES 1, 2, PAGES 1 AND 2 S WISION OF WITAL	16a. (DEVER IN U.S. ARA	MED FORCES?	16b. SC	17-68-1		17. INFOR	MANT		DRESSLanh	am Md	
PRESTON ST., BAI ITHIN 24 HOURS A CIL IN ITEM 1B. GIV LER ALONG WITH AL HYGIENE, DIVIS REMOVAL.		18. CAUSE O	F DEATH (Enter and ATH WAS CAUSED IMMEDIA)	D BY: TE CAUSE (a)	ne for (a), (i		rombo			104 13		APPROXIMA	TÉ INTERVAL SET AND DEATH
DS, 201 W. PRES CECUTED WITHIN G. "N PENCIL IN AL EXAMINER A SURIAL - TRANSI AND MENTAL HY ATION, OR REMC		gave ris cause (a) lying cau	s, if any, which se to immediate stating the <u>under-</u> ise last.	(b)	DR AS A CO	NSEQUENCE	OF	F OR CONDITIO	N CIVEN IN DART I IN				
RECORDS, JUD BE EXEC PENDING" PENDING" PENDICAL D AS A BUR HEALTH ANI L, CREMATII	ATION	19a. DATE OF				WHICH OPE						20 AUTOPS	Y?
OF VITAL ATE SHOU E WORD THE CHIEF THE CHIEF WENT OF I	CERTIFICATION	210 EXTERNA	IL CAUSE WAS	21h TIME	OF INJURY		21c H	OW INILIRY	OCCURRED IEN	ITER MATURE OF INJURY IN I	TEM IR PART I OR	YES X	NO 🗆
DIVISION O S CERTIFICAT RITING THEN RIDED TO THE SE 3 SHOULD TE DEPARTME	MEDICALC	UNDERLYING CONTRIBUTION	NG CAUSE OF E	DEATH P	.M.	H DAY YEA	R	CATION					
DIVII HIS CEF WRITIN /ARDED AGE 3 (ME	WHILE AT WORK	NOT WHILE C		ACTORY, FARM,			STREET		CITY OR TOWN	-	YTAUO	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NI EXCEPTION THE WATER OF THE WORTH THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NI EXCEPTION THE WORTH THE WORTH THE WATHING THE WORDING" IN PENCIL IN 11 TEM 18 GIVE RAGES 1, 2, AND 31 OT HE BY DEAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM M. 3. RETAIN PAGE 5. TO FUNETAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE PRIED. A AFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECORDS, 201 W. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		220. I certi death result ACTUAL SIGNATURE	fy that I took charg ed from: Natur	ral causes X,	Accident		Autopuicide	, Homi	SPECIEY)	determined manner	and in my , DAT	Ε Λ_	13-81
O MEDIO (ECUTE O FUNE FIER DE	X	EXAMINER'S (TYPE OR PRI		arita A	* 3					enn Stree	et		
00 BP		Bur		36. DATE4/18 1/1/8/81FL	NERA	47 HOIX	E IN	C.	ORY 23d	LLOCATION CITY OR TOWN 311] Swamp BY REGISTRAR 236	Sou	th Carol	state ina
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24. F	UNERAL DIREC	433	WASHING		DICT 3			APR 20	BY REGISTRAR 216	REGISTRAR'S	SIGNATURÉ	
15/M 2/ 60			JAKO	MITOLOTT								10.5	

10	FOR STATE	DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGENE	1192
TENED IN	REGISTRAR 1. DECEASED NAME FIRST	MEDICAL EXAMINER'S	REO. 110	
8 8 8 8 H	(TYPE OR PRINT) Beri		20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 75. HOUR
A. PLEA JIBECTO VZHOU VSTREI	Fomale Whote	5. DATE OF BIRTH 6. AGE (IN YEARS IF L	UNDER 1 YR. IF UNDER 24 HRS. 21. DATE PRONOUNCED DEAD LA	MONTH DAY YEAR 24 HOUR
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A PAGE DS, 2011	CHEVERLY	PRINCE GEORGES GENE		C AT HOME
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MD M	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAME MIDDLE	EAST
TER DEATH. E PAGES 1, 2 E PAGES 1, 3 ES 1 AND 2 ION OF LIAN 2	JOIHN 160. WAS DECEASED EVER IN U.S. AR.	DODD MED FORCES? 166 SOCIAL SECURITY NO.	MATTIE LEB 17. INFORMANT ADDRESS	
₹ ₹≥±2°	N	238-01-2956	MRS. JOSEPH BEIL, 4308	
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ER: THI ORWA ORWA HE STA		ge of the remains described above, help an Auto	opsy , Inspection , Inquiry , on	d in my opinion
AMIN STIFIC SECTO TITH THE SECTO	death resulted fram: Natur	ral causes , Accident , Suicide	Homicide Undetermined monner ,	
CAL EXA SHOULD FRAL DIR ATH, WIL	ACTUAL SIGNATURE ONLY	No P. Kedryne	M.D. Deputy MEDICAL EXAMINER	DATE 4-5-81
OH4808	EXAMINER'S NAME AUGU	sto P. Rodriguez, M.D.	_ADDRESS_5009 Rayburn Ct., Ca	amp Springs, Md.
TO ME EXECUTE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG		236. NAME OF REMETERY	OR CREMATORY MAJORATION	COUNTY / STATE
BP	24 FUNERAL DIRECTOR	april 19.1981 (day Park (imility Nurfalk	STRANG SIGNALURE
DHMH-17 (VR A15 ME (5)) 15M2/80	Takima Francial Home.	Jakallon 257 Cancel St	VNOC	



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME a. DATE KNOWN 30 (TYPE OR PRINT) ESTI-Benjamin DEATH MATED Wayne Hubbard 1981 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY 8. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRE, WITH FORM PM 3. RETAIN PAGE 5 FOR YOU T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN DIVISION OF VITAL RECORDS, 201 W. PREST PRONOUNCED Mar. 3, 1955 DEAD male. white 26 YRS 15 19 81 7:42 76. CITIZEN OF WHAT COUNTRY? 78. BIRTHPLACE (STATEOR 9. BALTIMORE CITY OR COUNTY OF DEATH PM MARRIED NEVER MARRIED FOREIGN COUNTRY New Mexico U.S.A. WIDOWED DIVORCED Prince George County D CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, 120. USUAL OCCUPATION (TYPE OF WORK OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) EW1 U.S. Navy Cheverly Prince George General Hospital 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Mc Kinley N. Mexico Gallup 403 Lacima Street NO [YES ST 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Hubbard Wayne Elmo Jeannete Speiss 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS LIE YES GIVE WAR OR DATES! 585-74-1913 Yes Active Duty Wayne E. Hubbard (Father) Same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: INCLUDING THE WORD "PENDING" IN PENCIL IN THE SECURE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNED AS A BURNAL "RANSIT PERMIT. TO FUNETAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURNAL "RANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARMAND, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR XX MONTH DAY WEDICAL 1981 CONTRIBUTING CAUSE OF DEATH 9:07P.M. 4/10 driver of auto in collision with fixed object 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK roadway onesWharfRoad, Hollywood, StMary'sCounty 220. I certify that I took charge of the emains described above, held on Inspection deoth resulted fram Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 4/16/81 Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard M.D. 111Penn Street, Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Apr/20/81 Burial National Cemetery Santa Fe, New Mexico BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** Chambers Funeral Home Silver Spring, Md. (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND

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98 mortified		nton	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE SIRE) Southern Maryle	T ADDRESS)			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife		F BUSINESS OR
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underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO [216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING MONTH

NOT WHILE 226.1 certify that (1) (this hospital) attended the deceased fram sow the deceased alive an and that in (my) (aux) opinion death accurred on the date and have and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

DAY

YEAR

19

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

Thomas L. Fieldson, M.D.

HOUR A.M.

P.M.

21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

211 LOCATION

Brandywine-Waldorf Med Center Brandywine, Md. 23d. LOCATION

MEDICAL STAFF
DIRECTOR PHYSICIAN

CITY OR TOWN

23s. BURIAL, CREMATION, REMOVAL 23b. DATE 4/14/81 (SPECIFY) Cremation

Cedar Hill Crematory

Suitland Maryland

COUNTY

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill, Md.

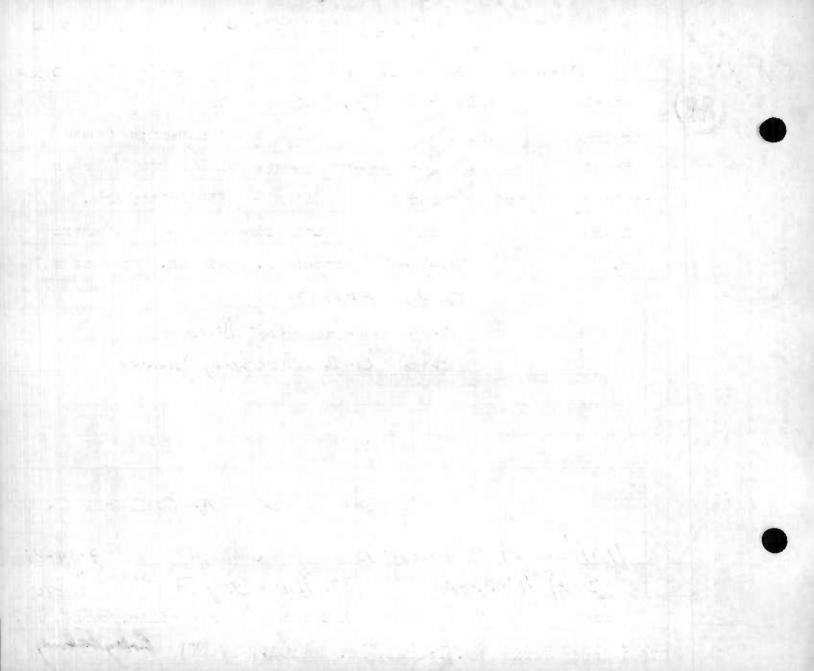
ATTENDING PHYSICIAN

6160 Oxon Hill Rd 250. DATE REC'D. BY REGISTRAR 256. RESISTRAL S. 5.00 OXON Hill. Md. APR 1 6 1981

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Threas E. Fieldson, M.E. Frandywing-Amidom Med. Capter,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) Maude LRIVIN 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) White Sept. 19.1905 Female BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince Georges U.S.A. County Maryland WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Sales Person Bakerv Greater Laurel Beltsville Hospital Laurel DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE HE NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE REPORE ADMISSION 130. STATE DUNTY Laurel 13d INSIDE CITY LIMITS? 134 9559 Fulton Ave. Maryland Howard 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Worley Catherine Delbert Dumhart 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT NO . (IF YES, GIVE WAR OR DATES) 212-24-4222 Francis L. Irwin Sr. same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), ib PART I. DEATH WAS CAUSED BY: diac Arterioselerohi Conditions, if ony, which gove rise to immediate 101, stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed alive on the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL assen, um PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS Laurel, Mo ld b ZU810 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Burial Scaggsville, Howard, Md. Emmanuel Cemetery BP. DHMH - 16 60M 1/75 FLECK LAUREL FUNERAL HOME, INC. 7601 Sandy Sprong Rd. Laurel, Md. 20810APR (VR A 15 (4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME CO. DATE KNOWN TY MONTH (TYPE OR PRINT) 1081 Wayne DEATH MATED David Jacobs 4. RACE 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS de HOUR SEX 5. DATE OF BIRTH LAST BIRTHDAY PRONOUNCED white 1.81 male Aug. 28, 1965 15 YRS TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH H RIRTHPLACE (STATEOR MARRIED | NEVER MARRIED | FOREIGN COUNTRY) U.S.A. ☐ Prince George's County Maryland WIDOWED DIVORCED , 2, AND 3 TO THE FL A 3. RETAIN PAGE 5 2 SHOULD BE FILED 120. USUAL OCCUPATION (TYPE OF WORK O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Prince George's County Hospital Cheverly Student High Scl. USUAL RESIDENCE HE IN NURSING A COMPANY OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e. STREET ADDRESS 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1120 Reece Rd. NO X Md. Anne Arundel Severn 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST HEATTH AND MENTAL HYGIENE, DIVISION OF VIL, CREMATION, OR REMOVAL. Wooden Jacobs Catherine James 16n, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 1924 Guv-(Uncle) Mr. Paul Wooden, Way, Balto. Md. UNKNOWN No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Cranio-cerebral injuries and thermal burns IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTRMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES XX NO 710. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING passenger of auto which was struck in the CONTRIBUTING CAUSE OF DEATH rear and burst into flames 21e PLACE OF INJURY (ATHOME. Rte-95Southbound STREET, EACTORY, FARM, ETC.) lane, 3/4mi. Beltsville, Md. NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Inquiry Accident XX Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 4-21-81 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Md. 24'APR 81 Glen Haven Mem. Pk. Glen Burnie A.A. Burial BP_ 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Glen Burnie **DHMH-17** Maryland Singleton Funeral Home (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2s. DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) Louisa 81 AMM 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS. Megro c_male 87 -101-BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FORFIGN Th CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Maryland S. A. Prince George's WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Convelescent Cntr inton Housewife Own Home USUAL RESIDENCE (IF NUISING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 1311607 Cheltenham Road 134 INSIDE CITY LIMITS? Md. Pr.Geo's Cheltenham NOX YES T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Charles Brown Louise Queen 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 11607 Cheltenham NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) James, Sr.-Rd.. Cheltenham, Md 578-09-5540A 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY dale arohan IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 101, stating DUE TO CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 20s AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [Mentol Hygi 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH frem WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION ă 21e PLACE OF INJURY STREET COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE WHILE NOT WHILE AT WORK 22a | certify that (I) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL M.D. PHYSICIAN
☐ DIRECTOR ☐ PHYSICIAN ☐ 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS d bl + 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cem. Suitland (Pr.Geo's) Md. Burial /10/81 Lincoln Memorial Rionard Director 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE -Uppers Marlboro Maryland 20870 **DHMH-16 20M** Coleman (VRA 15, 4) 7/78 Funeral Home

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	à + 0 02	7.1	0. CITY OR TOWN	OF DEATH		F HOSPITAL, NURSIN		R OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKING LI		OF BUSINESS OR
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RYL	within d 2 sl	1	4 FATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE	LA	ST
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ORE,	ond co	,	60 WAS DECEASI	DEVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	0.0	ADDRESS		
BALTIMORI	n and Pages	/ L	No		one	579-05-0	204	Lillie E. Jer	nkins (Wife)_Same	as #	13.
ALRECORDS, 201 W. PRESTON ST., BALTIN	requires that the death certific een signed by the attending phy it. Then please remove carbanpa iar to burial, cremation, ar rema iy injury, ar ather traumatic even		Conditions, gove rise couse (a) underlying	if any, which to immediate stating the cause last	DUE TO, (b) DUE TO, (c) CONDITIONS (OR AS A CONSEQUE OR AS CONSEQUE ON TRIBUTING TO I	ENCE OF	NOT RELATED TO THE TERM	Canc	E OR CONDITION GI	VEN IN PART 1.	
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DIVISION OF VITA	PHYSICIAN. The lending physician. this certificate has be burial-transit pe in Mental Hygiene dar them 18 shaws	9	OR COLUMNIA	WAS UNDERLYING [ING] CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA		PART I OR PART 2)	
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	R ATTENDIN haspital ar RECTOR: Afi ned far use a spt. af Health lem 21 is mar		sow the	deceased alive or 1) (we) (did) (did n	4/1	the deceased fram		, 19 Sp. d that in (my) (our) opinion DEGREE		d on the date and ha	ur and fram the	that (1) (wa) lust causes stated SIGNED
	the the period		1	KV-A	CHUY!	engah	10	ATTENDING PHYSICIAN		STAFF PHYSICIAN D	57.	18/81
2	Tepined by To FUNERA Should be downth the Storill IMPORTANT	V		AN'S NAME (TYPE			2	MT.	RAIN	IER, M		822
9	BP		30. BURIAL, CREM (SPECIFY) Buria	ATION, REMOVA	April	1 1-		emetery or crematory	y Bren	ortown twood, P.(COUNTY	Maryland.
	DHMH-16 30M 2/80 (VRA 15, 4)		Chambers		Home :	Riverdale	, Mary	vland 250. DA	E REC'D. BY R	EGISTRAR 25b. REGIS	TRAR'S SIGNA	WRE

THE REPORT OF THE PARTY OF THE Though the wife to the or Natoritation downs therees HEREN EDW LAND OF C. C. C. C. 10 /0/1 the programme says 7 = 40 = 60 1 = -101 + 2 40 45 12 14 182 = 0 8 2 5 18 13 14 JOH THOMEHOR Inteld 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1, 20 1 The military Squares are a second of the commence of the comme

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) Eddie DeWayne Jessie DEATH MATED 18 10 81 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF LINDER 24 HRS DATE PRONOLINCED MALE WHITE 1956 ug. 9:45 81 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Virginia U.S.A. Prince George County WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 2a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Prince George County Hospital Boiler Tech. Cheverly Hospital SHOULD BE F USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pr. George 5017 Suitland Road 13d. INSIDE CITY LIMITS? YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES I AND 2 Jessie Anna Eddie Taylor 17 INFORMANT 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 5017 Switland Road YES NO OR UNKNOWN Viet Wanese 217-72-7977 Joy Ann Jessie Suitland, Maryland CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). APPROXIMATE INTERVAL MINER ALONG W TRANSIT PERMIT. AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Cranio-Cerebral injury IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL 9 YES X NO T EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR,TO BU 71g EXTERNAL CAUSE WAS 71b. TIME OF INJURY ZIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR 4:10AM 19 81 driver of auto in collision with fixed object CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. II LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK roadway oldBranchAve, MarlowHeights, PrinceGeoCo, MD 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion Accident XX death resulted fram-Hamicide Undetermined manner TITLE (SPECIFY) 4/19/81 MD Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard .M.D. 111 Penn Street.Balto. MD 21201 ADDRESS. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR 236 LOCATION 4/22/81 Resurrection Cemetery Clinton Pr. George Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 6160 Oxon Hill Rd. **DHMH-17** George P. Kalas Funeral Home Oxon Hill. Md. (VR A15 ME (5) 15M 2/80

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FOR

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STATE OF MARYLAND

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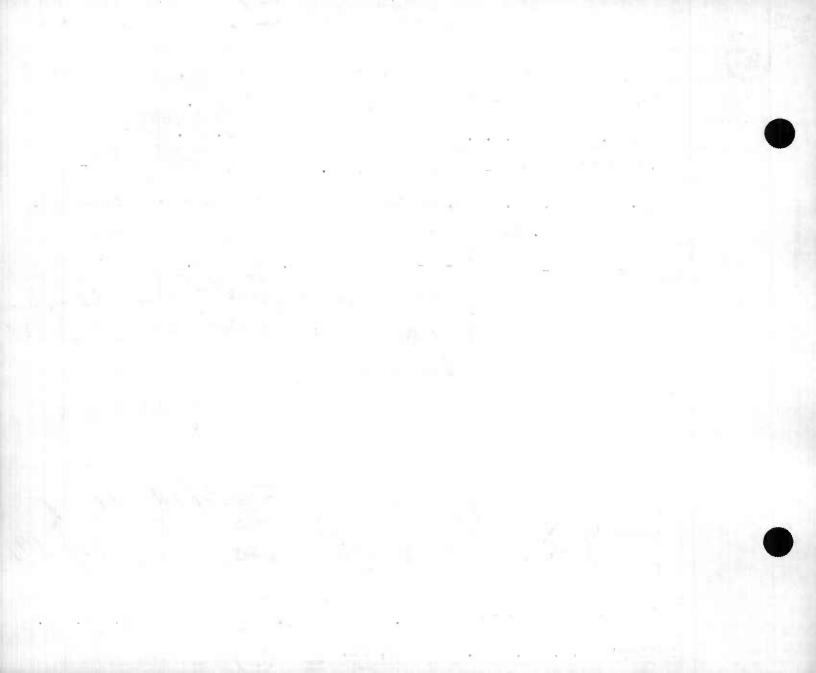
100				TE OF MARYLAND		
1.	FOR STATE	445		HEALTH AND MENTAL		11201
7.5	REGISTRAR FIRST		MIDDLE	ER'S CERTIFICATE	REC	5. NO.
	PECEASED NAME FIRST	SI .	WIDDLE	LAST	20. DATE KNOW! OF ESTI- DEATH MATED	
L		RNARD	Μ.	JONES		
3. S	EX 4. RACE	S. DATE OF BIRTH	6. AGE (IN YEA		R 24 HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR 79 HOZ
m	ale bac	2 28	56 25 YR	5.	DEAD	4-6- 81 p
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED NEVER MAR	RRIED 🖭	TY OR COUNTY OF DEATH
V	irginia CITY OR TOWN OF DEATH	U.S.A.		WIDOWED DIVOR		George;s County
		11. NAME OF HO	SPITAL, NURSING HOME ACILITY GIVE STREET ADDRESS)	or other institution to Hospital	12d. USUAL OCCUPATION FOR MOST OF WORKING LIFE	
	heverly				Laborer	VEPCO
13a.	JAL RESIDENCE (IF IN NURSING STATE	OUNTY	136. CITY OR TOWN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	Va.		Alex	YES 🛣 NO	- LOWE	11 Ave. 2230I
14.	FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAI	DEN NAME MIDDLE	LAST
	Ellis	W.	Jones	Mary	E.	Jones
		GIVE WAR OR DATES)	166 SOCIAL SECURITY		ADDI	RESS
		No	231-82-805	4 Mary E.	Jones 207 E	Howell Ave.
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CA	er anly ane cause per lin	e for (a), (b), and (c).) Multiple	iniumios		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DIATE CAUSE (a)	-			
-	Conditions, if any, w		R AS A CONSEQUENCE C	OF .		
1-	gave rise to immed	liate / (b)		1000		
	lying cause last.	DUE TO, OI	R AS A CONSEQUENCE C	OF .		
	BART & ATHER CICHICICANT CONO.	(c)				
z		IONS COMIKIBOTING TO DEVI	BUT NOT KELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).	
CERTIFICATION	19a, DATE OF OPERATION	19h COND	ITION FOR WHICH OPER	ATION WAS PERFORMED?		2D AUTOPSY?
FF.			THE THE THE THE THE	ATTOM TO THE TOTAL OF THE TOTAL		
E	210 EXTERNAL CAUSE WA	S 21b. TIME C	PF INJURY	1214 HOW INJURY OCCUR	RED LENTER NATURE OF INJURY II HETE	
A O	UNDERLYING SOR CONTRIBUTING CAUSE	HOUR 3	PM 4-6- 81	driver of	a van who	öst control and d tractor traile
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	211. LOCATION	at of parke	d Clactor Claric
ME	WHILE NOT WHILE AT WORK	STREET, FAC	hory, FARM, ETC.)	Rt. 295 Nor	th outer lo	op Oxon, Hill, Mat.
1						
	22a I certify that I taak c	harge of the remains de		Autopsy XX, Inspect	, , ,	and in my apinian
	death resulted fram:	Vatural causes	Accident XX Sui	cide, Hamicide	· Undetermined manner	」 .
	ACTUAL W	the col-Que	1 1x211	TITLE (SPECIFY)		DATE 4-7-81
	SIGNATURE	of the state of the	- FILM	M.D.ASSISTO	ant MEDICAL EXAMINER	SIGNED
2	EXAMINER'S NAME M	argarita	A. Korell,	M.D. 11	1 Penn Stre	et
73n	BURIAL, CREMATION, REMOV			AETERY OR CREMATORY	23d LOCATION	
	(SPECIFY) Burial	4-II-8I	St. Mary			COUNTY STATE
24	FUNERAL DIRECTOR		4	25e. DAT	E REC'D. BY REGISTRAR TO	ISTRAR'S SIGNATURE
1	Philler hell	SOO W	olde Stable	111.12214 AFF	1 3 1981	HAMINE BOUNDY
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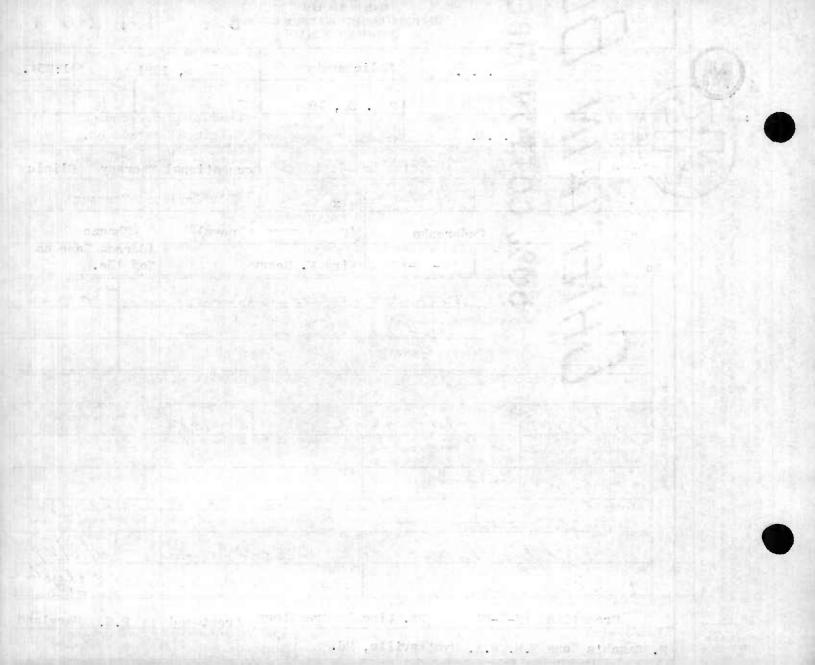
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li	FOR - STATE			DEPARTME	NT OF HEA		MENTAL		116	1 1	2 0	1 2
	REGISTRAR DECEASED NAME	FIRST	ME	DICAL EX	AMINER'	SCERTIF	ICATE		1100	. NO.		
	(TYPE OR PRINT)	Da	niel			Jones			OF ESTI-	-		81 PAR AM
1	male		5. DATE OF BIRTH MONTH DAY	YEAR L	GE (IN YEARS I AST BIRTHDAY) A	ONTHS DAYS	IF UNDER		DATE DNOUNCED DEAD	4		YEAR 24 HOUR 81 9:45I
70	BIRTHPLACE (STAFOREIGN COUNTRY) Marylan	TE OR	76. CITIZEN OF WE	HAT COUNTRY	? 8. _M	ARRIED N	EVER MARR	RIED K	Prince			
10	Cheverly		1. NAME OF HOS	-	IG HOME, OR	OTHER INSTIT	UTION	12a USUAL FORMOS	OCCUPATION TOF WORKING LIFE)	TYPE OF WOR	ge Cou	OF BUSINESS
1130	WAL RESIDENCE (IF STATE Maryland	IN NURSING HOME OR	OTHER INSTITUTION, GI	13c. CITY OR	RE ADMISSION)	13d. INSIDE	(ITY LIMITS?	13e STREET				
14.	FATHER'S NAME FIRST Norman		MIDDLE	Jones	3	E	HER'S MAID FIRST CNESTI		MIDDLE		Joi	nes
2 160	a. WAS DECEASED (YES, NO, OR UNKNOW NO	EVER IN U.S. ARMI N) (IF YES, GIVE W	ED FORCES? AR OR DATES)		SECURITY NO 36-9342	17. INFOR		Jones	Chesa		Beach	, Md.
AL CREMATION, OR REMOVAL.	Conditions, gove rise couse (a) st	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if any, which gove rise to immediate couse (o) stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o):									BETWEEN	NONSET AND DEATH
AND, 21201 PRIOR TO BURIAL, CREWA				TION FOR WHI				ART 1 (a)			20 AUT	
A A	210. EXTERNAL UNDERLYING CONTRIBUTING	CAUSE WAS OR CAUSE OF DE	216. TIME OF HOUR A.M 4:03.PM	MONTH DA	Y YEAR				reofinjury in ite		PART 2)	h auto
1	21d. INJURY OC WHILE		21e PLACE C	OF INJURY (A	THOME. 211	LOCATION		Che	sapeake	Beach	,Calve	rt Co
1	220. I certify death resulted ACTUAL SIGNATURE	220. I certify that) took charge of the remains described above, held an Autopsy XX. Inspection III, and in my opinion death resulted from: Navarauses III, Accident IX, Suicide III, Homicide IIII, Undetermined manner IIII. ACTUAL SIGNATURE MAD. Assistant MEDICAL EXAMINER SIGNED 4/19/81 EXAMINER'S NAME TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER SIGNED 4/19/81										
24	FUNERAL DIRECTO	rial Ar	DATE Dril 22-8 Box 31,	1 St.	Edmond Frede	Y OR CREMAT	Cem.	23d. LOCA CITY OR TO Chesa REC'D. BY REC	peake B	each (Calver	t, Md.

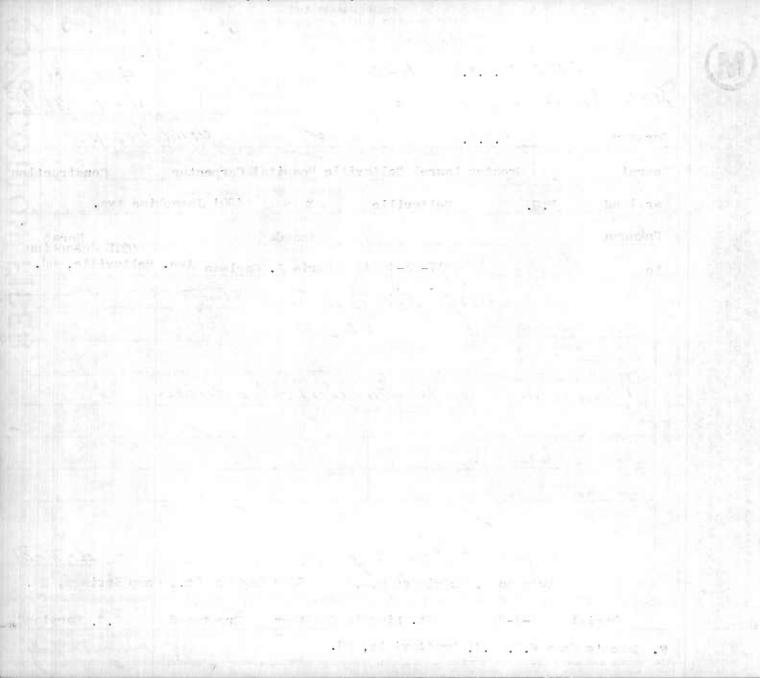
TOTAL . TOTAL Later & C. Son T. Times x 10 mm and the control of the iores serios 117-51-5141 Emestand Joses Gasgares to beselv, 51. and relembed of bound STORY AND AND THE A STATE OF THE PARTY OF THE PAR on diemon this provide up to see conditions in a section of the street lide. de de lorradori sonisi 15 xos fissal i prumação de

	l	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 1 2 CERTIFICATE OF DEATH							
(BA)	1. 0	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 28. DATE OF DEATH MONTH DAY YEAR 28. HOUR					
Class	110	PE OR PRINT) Ma	ria	Jordon	April 27, 198	1 6:15 ^a				
de . pd	3. 5	Female	Caucasian	5 DATE OF BIRTH 6 MONTH O 1894. YEAR	86 yrs.	FUNDER I YEAR FUNDER 24 HRS				
menal dire	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	U.S.A.		9. BALTIMORE CITY OR COUNTY OF DEATH					
by the filed of		city or town of death	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE) 2905 - QUO ON S	ING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE 110 US O WILL O	12b. KIND OF BUSINESS OR INDUSTRY				
24 hour lilled in wild be	US 13d	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	Geo. Mt. Ra:	WN 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2905 - Queens	Chapel Rd.				
mpletely f	14.	FATHER'S NAME Hernoimous S	Trittmatter	15. MOTHER'S MAIDEN NA Rinata	WIDDLE	Bore				
be executed an and comp redical ex-	160	WAS DECEASED EVER IN U.S. AR (1923, NO OR LINDHOWN) 18 YES, ON	WAR DEGATES!	THE RESERVE THE PROPERTY OF THE PARTY OF THE	ordan Sr. (sam	e as above)				
been signed by the attend from Then places remove to prior to burnol, cremation, a ony injury, or atther traumon	CATION	Conditions, if any, which gave rise to immediate count (a) stating the underlying course last. PART 2 OTHER SIGNIFICANT (D DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED				
IYSICIAN The Id ding physicion. is certificate hos buriol-transit per Mental Hygiene or frem 18 shows	MEDICAL CERTIFICATION	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH I	DAY YEAR 19		YING CAUSES OF DEATH? S NO ART LOR PART 2)				
ATENDING PERSONNEL NOSPITED OF After the CHECK	WEG		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE tol) satisfied the disceased from 1) view the bad vible doneth.	and that in (my) to ri opinion DEGREE	death occurred on the date and hour	county state 19				
TO HOSPITAL O' retained by the TO FUNERAL E should be detoo with the State E IMPORTANT: If	230	22d. PHYSICIAN'S NAME (TYPE O	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	234. LOCATION CITY OF TOWN	COUNTY				
DHMH-16 20M (VRA 15, 4) 7/7B		Burial FUNERAL DIRECTOR alley's F.H.I	ADDRESS	Ft.Lincoln Cem.	Brentwood I					





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) Otto OF ESTI KERST (N.M.T.) DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 85 DEAD 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR J. BALLIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Germany WIDOWED P DIVORCED 2, AND 3 TO THE F. 3. RETAIN PAGE 5 SHOULD BE FILED ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Greater Laurel Beltsville Hospital Carpenter Laurel Comstruction USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3n. STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Beltsville YES X 4601 Josephine Ave. P.G NO [AND 2 SHOOK ITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, MIDDLE LAST MIDDLE LAST Unknown Amanda Kerst 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 4605 Josephine 166 SOCIAL SECURITY NO. DIVISION Ave. Beltsville, Md. 217-03-4084 Doris J. Carlson CAUSE OF DEATH (Enter only one cause per ling for (g), (b), and (c). ED AS A BURIAL - TRANSIT PERMIT.
HEALTH AND MENTAL HYGIENE, D
IL, CREMATION, OR REMOVAL. gentur Contents BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (of DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED / 20. AUTOPSY? PACE A SHOULD BE FORWARDED TO THE CHIEF A SHOULD BE FORWARDED TO THE CHIEF A SHOULD BE TO THE CHIEF A SHOULD BE USED THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. YES [] NO E 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE COUNTY AT WORK NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autapsy Inspection Homicide death resulted fram: Notural causes Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE 5009 Rayburn Ct., Camp Springs, Md. EXAMINER'S NAME Amgusto P Rodriguez M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Ft. Lincoln Cemetery Brentwood P.G. Maryland Burial 4-4-81 BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** "Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5) 15M 2/80



10	1.	FOR STATE REGISTRAR	ATE CENTIFICATE OF DEATH									
		CEASED NAME FIRST	100 100	MIDDLE	ı	AST	20 DATE OF DE		DAY YEAR	2b. HOUR		
ge 3	(TYPI	ELS]	E		KI	NG		04	13 81	5:55 A		
T T OY	3. SEX		4. RACE	1012 546	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY		IF UNDER I YEAR	IF UNDER 24 HRS		
9 6		Female	Black	en in	MONTH		3 77	77 YRS.				
g.	7a B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	76. CITIZEN OF WHAT COUNTRY? 8						F-71		
death.		le, West Virg		A.	WIDOWE	D DIVORCED [DOTAGE	GEORGE 'S	S COUNTY	MD.		
s after sy the filed with iled with iled with iled with its same in the filed with its same in the fil		TY OR TOWN OF DEATH				PROTHER INSTITUTION	120 USUAL OCI	CUPATION R MOST OF WORKING	126 KIND C	F BUSINESS OR		
L feet files		HEVERLY		GEORGE STREET		AL HOSPITAL	House			ne		
AND 21: 1.24 have filled in could be muss be	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CC	OR OTHER INSTITUTION	13c CITY OR TOW		138 INSIDE CITY LIMITS?	13e STREET ADD	RESS Mitch	nellvill	e Md.		
IAN in 2, should	14.5	THER'S NAME	G. Md.			YES NO		gression	nal Cour	t		
MARYLA mpletely and 2 sh	14 67	FIRST	MIDDLE	LAST		IS MOTHER'S MAIDEN I	M	IDDLE	LAS	т		
Comp of Comp	14- 1	Frank VAS DECEASED EVER IN U.S.	Howard	Synder 166 SOCIAL SECU	DITY NO	Lera 17 INFORMANT	N	ADDRESS	Wade			
so I w. PKESION ST., BALTIMORE, MARYLAND 21201 ss that the death certificate be executed within 24 hours of red by the attending physician and campletely filled in by please remove carbonopaers. Pages I and 2 should be file urial, cremation, ar removal. , or other traumatic event, the medical expanier mist be go	(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	225-10-8		Bobby L. S	prague 80	Mi	essional			
physici polysici poder naval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	r line for (o), (b), one	(c))	27 000	~~		BETWEEN	MATE INTERVAL ONSET AND DEATH		
ST., ertifi ig ph Danp remo			IATE CAUSE (0)	CHIL	NIT	IC HILL	1351		51	ninires		
oth o		3770	DUE TO, C	OR AS A CONSEQUE	NCE OF	TADUS	CINCKI		11	MARIC		
the deat		Conditions, if ony, which gove rise to immediate	(b)_	GRAM		FRANK	76101	2	19	1//193		
that the day the ease read, crem		couse (a), stating the underlying couse last.	DUE TO, C	OR AS A CONSEQUE	HY Y	MART	MEEZ	700				
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ow req	OIL	190 DATE OF OPERATION	SIMNISHI	5 N151	31072	3		Ton te ur				
N hos n h	CERTIFICATION			PITION FOR WHICH	OPERATIO			IN CERT	ES, WERE FINDIN IFYING CAUSES (ES]	OF DEATH?		
ON OF VITA		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			Y YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM IB	PART I OR PART 2)			
SICIA ng pl certif urial-t	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	NER) P	.M.	19		100					
DIVISION DING PHY: or attendii After this e as the bu alth and M marked ar	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE		
a g g e	H	220.1 certify that (I) (this ha	(J-1) (2) I	1 / -	3 RA	, 19_80	7, 10	PRIL 13	19 87	that (1) (we) last		
CTO CTO d for after		sow the deceased alive above, (1) (we) (did) (did	not) view the body		, on	d that in (my) (our) opinio	on death accurred a	the date and ha	our and from the	couses stated		
TAL OR ATTEN y the hospital RAL DIRECTOR, detached for u tote Dept. of He VI: If Hem 21 is		22b. SIGNATURE	ime	alos	m	PEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	221. DATE	3-87		
HOSPIT inned by FUNER wild be wild be oortan		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	٨	-	22e. ADDRESS						
TO HOSPITAL (Certained by the TO FUNERAL II (Manual the State II (Manual		Veil 1	. Mea	de	la.	(50) VI	MUMON	120	CHES	wruy mo		
	23a. E	SURIAL, CREMATION, REMOV SPECIFY SURIAL				EMETERY OR CREMATOR	-CITH OR S	OWN	county/)	STATE		
BP		JNERAL DIRECTOR	4/16,	/1981]	inco	In Memorial			laryland	and the same of		
DHMH-16 30M 2/80 (VRA 15, 4)		G. Mason, Inc	1664	ADDRESS	ma		ATE REC'D. BY REGI	STRAR 256. REGIS	TRAR'S SIGNAT	RE		
1	u.	G. Plason, Inc	. 1001	гоод норе	na.,	D.E.			and decision.	and the same of th		

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Hyattsville, Maryland

(VRA 15, 4)

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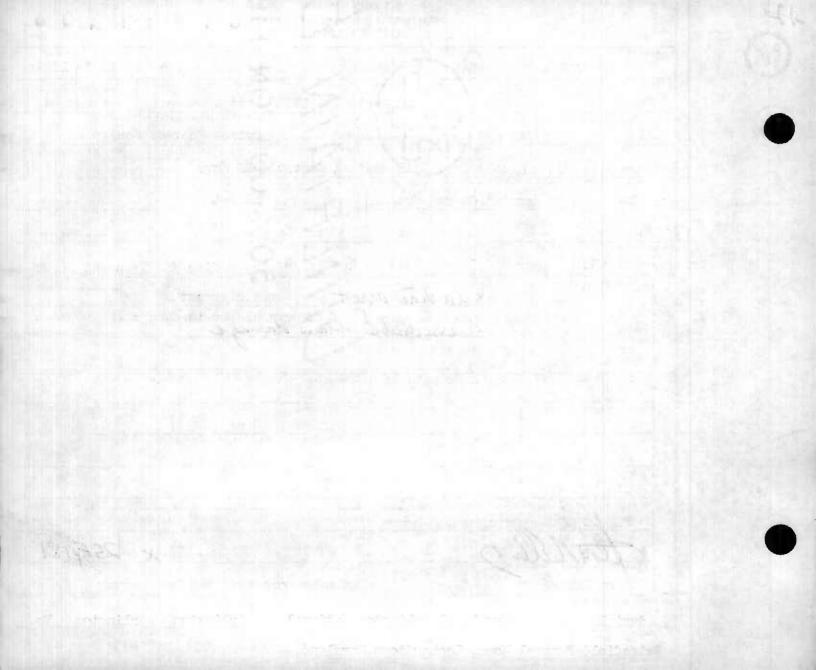
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1120

	REGISTRAR		CENTIII	ICATE OF	DEATH	REG. N	0.					
	DECEASED NAME FIRST	MIGDLE		LAST		20 DATE OF DEATH	MONTH C	DAY YEAR	26 HOUR			
L	PAUL PAUL	DEAN	KNO	BLETT			Apr 2	5 1981	1245a M			
3.	SEX	4 RACE	5 DATE O		WEAR	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS			
	Male	Cau		11 26	1935	45	YRS.	MONTHS DAYS	HOURS MIN.			
1 70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	XIX NEVER	MARRIED [9 BALTIMORE CITY C	R COUNTY	OF DEATH				
	I11	USA	MARRIED NEVER MARRIED Prince Georges Cou						MD			
An	drews AFB, MD	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Malcolm Grow USA	F Med			The USUAL OCCUPATE OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE P			F BUSINESS OR			
5 13 M	a STATE IST COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13, CITY OR TOW Mary's Conrad Ht	N	13d. INSIDE (NO [13e STREET ADDRESS 1526-A						
9 14.	Thomas	E Knoblet	:t		S MAIDEN NAM	WE		Batn				
/_	WAS DECEASED EVER IN U.S. AF		RITY NO.	17 INFORM	ANT	ADDRE	SS					
N	lov 6, 1953 25 A	Apr 81 331-28-20)23	Patien	t Affai	rs Office N	NAS Pa	tuxent	River			
	PART I. DEATH WAS CAUSE	nly ane cause per line lar (a), (b) and ED BY. TE CAUSE (a) X CANSEOUE DUE TO, OR AS A CONSEQUE	o ar	rest		iac arrest	lamage		IMATE INTERVAL ONSET AND DEATH			
10	Canditions, if any, which		sible	bea		mage						
	gave rise to immediate cause (a), stating the underlying cause last (c)											
N C	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	a			
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?			
	00.000000000000000000000000000000000000		YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT T OR PART 2)				
MEDICAL	ZId INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	ARM ETC)	211 LOCATI	NO	CITY OR TO	WN	COUNTY	STATE			
		ital) attended the deceased from_			. 19	, to		9	that (I) (we) last			
	now that the ased alive an	n1919	, 01	nd that in (my	(aur) apinian o	death accurred an the de	ate and hour	and from the	couses stated			
	77h SIGNATURE	00 n	-220	DEGREE	ATTENDING	MEDICAL STAI	FF	22c. DATE	SIGNED			
4	224. PHI/SICIAN'S NAME (TYPE	(m)		22e ADDRES	PHYSICIAN [DIRECTOR PHYSIC	JAN	KSM	181			
	Kent Ellis,					USAF Med C	en And	lrews A	FB, MD			
230	BURIAL, CREMATION, REMOVAL		IAME OF C	EMETERY OR		236 LOCATION						
	(SPECIFY) Burial	May 1, 81 Arl	ingto	n Nati	onal	Arlington	Δη	lingtor	n Va.			
24	FUNERAL DIRECTOR	, ma, I or mi				REC'D. BY REGISTRAR						
	Brinsfield Funer	ral Home, Leonard	ltown,	Maryla	nd M	1 4 1981	prop	adino.	vory			

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, this



STATE OF MARYLAND

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Old Alexander Ferry Rd., Clinton,

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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(VRA 15, 4) 1/79

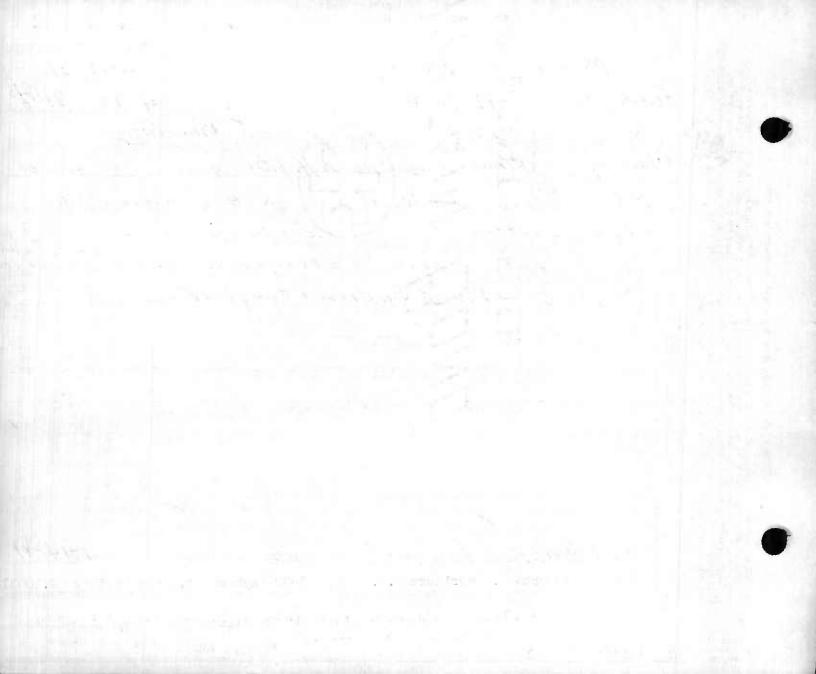
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3		1-	FOR STATE REGISTRAR			SEPARTMENT OF	F HEALT		NTAL H	YGIENE F DEATH		2	4			
		1. DE	CEASED NAME	FIRST	77120	MIDDLE	II VER 3	EAST	AILO		REG. NO.	NTH DAY YE	AR 2b. HOUR			
	W ~	(TYPE OR PRINT) Mary			E. L			Lee		OF DEATH	ESTI-	1-11 6	7			
	NRY, PLEASE DIRECTOR. DOUR FILES. TY HOURS	3. SEX	1. RAC	CE 5	Jan. 2.	1898 83			IF UNDER 2		MON	4 198 4	AR ZHOUR			
	PESSARY, PERSONAL PROPERTY OF THE PROPERTY OF	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			6 CITIZEN OF WH	RIED NEV	ER MARRIE	9 RAITIM	ORE CITY OR CO	UNTY OF DEATI	1 A					
	N N N N N N N N N N N N N N N N N N N		Ash. D.C.	ATU	U.S.A.				DIVORCE		ORK 12b. KIND OI	MD				
	PAGE THE THE THE THE THE THE THE THE THE TH	CI	heverly		Pr. Geo. Gen. Hospital FOR MOST OF WORKING LIFE) ON							OR INDI	JSTRY			
21201	ANY DE ANY DE RETAIN RETAIN RETAIN	13a. S	AL RESIDENCE (IF INN TATE Tyland	136 COUNTY P.G.	1	13c. CITY OR TOW Lanham		13d. INSIDE CIT	TY LIMITS?	13e. STREET ADDRES		reet				
MD.	H. H.	-	ATHER'S NAME					15. MOTHER		9117 Kinzer Street						
2		(F	irst Name		WIDDLE	Baker		Unkno	RST	MI	DOLE	LAST				
BALTIMORE,	S S S S T	160. V	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADDRESS Add	dress Sa	me as			
5		N		(IF YES, GIVE WA	AR OR DATES)	577-10-9	133	Dorot	thy M.	Schiel	ADDRESS Address Same a No#13e.					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,			Conditions, if gave rise to cause (a) statin lying cause last	immediate g the <u>under</u> -	(b) DUE TO, OR	AS A CONSEQUEN	CE OF			STA CL						
RECO	LIK - W	CERTIFICATION	19a. DATE OF OPER	ATION	196. CONDIT	ION FOR WHICH O	PERATION	WAS PERFORM	MED?			20 AUTOPSY?				
ILAL	OO # SKY	F	119.11									YES [NO D			
ON OF V	IIS CERTIFICATE SHARITING THE WOR WRITING THE WOR CE 3 SHOULD BE USED BE DEPARTMENT OF 201 PRIOR TO BUR		210 EXTERNAL CAU	OR			EAR 21c I	HOW INJURY (OCCURRED	(ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 (
DIVIS	I: THIS CERT R, WRITING RWARDED R PAGE 3 SH STATE DEP/ S, 21201 PRI	MEDICAL		RRED T WHILE	21e PLACE C STREET, FACTO	F INJURY (AT HOMI DRY, FARM, ETC.)	216 L	OCATION STREET		CITY OR TOV	VN	COUNTY	STATE			
•	MEDICAL EXAMINER CUTE THE CERTIFICA E. 4 SHOULD BE FO FUNERAL DIRECTOR REDGETH, WITH THE TIMORE, MARYLAND		220. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural	causes .	ribed above, held a Accident ,	Suicide .	Hamicio Dept Dept ADDRESS 50	uty 009 R	Undetermined mo MEDICAL EXAM ayburn Ct	nner ,	ATE GNED <u>4-5</u> Springs,	-8/ Md.			
000	00	23a B	URIAL, CREMATION, SPECIFY) Buria		1-7-81			OR CREMATOR		23d. LOCATION CITY OR TOWN		COUNTY	STATE			
	DHMH-17 (VR A15 ME (5))		UNERAL DIRECTOR					2		Brentwo			ryland			
	15M 2/80															

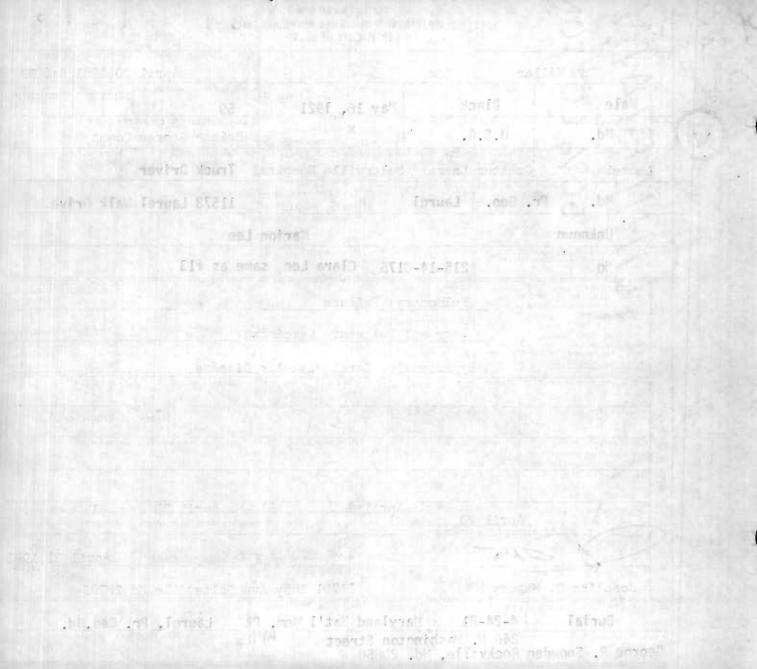
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1-5	OR				MENT OF	EALTH .		NTALHY					2	1	5
I. DEC	EGISTRAR EASED NAME OR PRINT)		ME	MIDDLE France	EXAMIN	Lee	AST	ATE OF		o. DATE OF	REG KNOWN ESTI- MATED		40	8	
3. SEX Fen		Mary I. RACE Negro	S. DATE OF BIRTH	1904	6. AGE (IN YEA	RS IF UND		IF UNDER 2		C. DATE	NCED	MON 4.		19	R 2d HOU
FORI	THPLACE (514 EIGH COUNTRY) D. C.		U.S.A.			WIDOWE	of its	DIVORCE		P.	G.		UNTYO		W
0 02	xon Hil	1	11. NAME OF HOS MENOT INSUCHE RESIDEN	nce give st	REET ADDRESS)		RINSTITUTI	3 0 0 0	Reti	OST OF WOR	PATION RKING LIFE)	(TYPE OF WC		OR INDUS	BUSINESS STRY Drug
13a. ST	D.C.	134 COUN	r other institution, G TY		OR TOWN	1	3d. INSIDE CITY	NO X	1210	Sum	ner :	Rd.	S.E.		
	THER'S NAME FIRST	Unknown			LAST			riah V			AIDDLE	139		LAST	
160. W.	O. NO, OR UNKNOV		WED FORCES? WAR OR DATES)	57	TAL SECURITY	NO.	7. INFORMA		nter	121	O Su		Rd.	S.E.	
	Conditions gave rise cause (a):	IMMEDIAT IMMEDIAT Immediate In the immediate Interest of the immediate	D BY: TE CAUSE (n) DUE (O), OS	AS A CON	SEQUENCE O)F	OR CONDITION (GIVEN IN PART	1 '0:				86	TWEEN ON	SET AND DEATH
FICATIO	190. DATE OF	OPERATION	19b. CONDI	TION FOR V	WHICH OPER	ATION WA	S PERFORM	NED?					20	AUTOPS	
CALC		OR G CAUSE OF D	DEATH P.M	A. MONTH	19		W INJURY C	OCCURRED	(ENTER NA	ATURE OF IN	JURY IN ITEM	18 PART 1 C	OR PART 2}	YES [NO N
	21d. INJURY OF WHILE AT WORK	NOT WHILE C	21e PLACE	OF INJURY TORY, FARM, ET		21f. LOC/ STR	ATION			CITY OR TO	wn		COUNTY	de	STATE
	22s I certify death resulted ACTUAL SIGNATURE EXAMINER'S N	August	11	Accident		Autopsy	Homicio TITLE (SPI o. <u>Depi</u>	ECIFY)	MEDIO	Inquiry	AINER	D.A.S.K	ATE GNED 4	/19/	
		/				^	0011233								
		ION, REMOVAL 2	Li/2Li/81	H	armony	ETERY OR	CREMATOR	RY	23d. LOC CITY O Lea		er.Md		COUNTY	sacris.	STATE

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STATE OF MARYLAND

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	3	Items #18a-22a Film G555 5/25/81 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR								ı	2	9		
REGISTRAR 1. DECEASED NAME FIRST			MEL	MEDICAL EXAMINER'S CERTIFICATE				REG. N		DAY	YEAR 21	b HOUR		
	25.45	(TYP	E OR PRINT)	Judi	th	R.		Lida	CONTRACTOR OF THE	OF ESTI-		19	91	AA
	COELAY IS INFCESSARY, PIEA 3 TO THE FUNERAL DIRECTO IN PAGE 5 FOR YOUR FILE D BE FILED, WITHIN ZY HOU RDS, 201 W PRESTON STREE	3. SE)		RACE White	5. DATE OF BIRTH MONTH DAY MAY 12	VEAR LAST BIRTHE		DER 1 YR. IF UND		DATE NOUNCED DEAD	MONTH 4	20 J		2:56
10	NECESSA UNERAL WITHIN	NEW GERSEY		16. CITIZEN OF WHAT COUNTRY? U.S.A. MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNT WIDOWED DIVORCED Prince George 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK)					ATH					
	2. AND 3 TO THE FULL 3. RETAIN PAGE 5 2. SHOULD BE FILED. VAL RECORDS. 201 W	CI	neverly	1	Prince G	PITAL, NURSING HOM LILITY, GIVE STREET ADDRESS) COTGE S GO	eneral		FORMOST	OCCUPATION (TO OF WORKING LIFE) SEWIFE	YPE OF WORK	ORI	OF BUSTING HOME	
2120	C CRECE AND STANK	130 M	ARYLAND	PRCOUG	PROTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS		13d. INSIDE CITY LIMITS? YES () NO [303	ADDRESS BROCKTON	V ROAI	0		
ORE, MD.	H- 395/	D	AVID		S.	HARRISON		15. MOTHER'S MAI LEDA	DENNAME	MIDDLE		POR		
BALTIMOR	S AFTER DE GIVE PAGE TITH FORM PAGES 1 AN WISION OF	No. V	VAS DECEASED E	VER IN U.S. ARA) (IF YES, GIVE V	MED FORCES? WAR OR DATES)	251-48-57		17. INFORMANT HAROLI	LIDA.	same as				
RECORDS, 201 W. PRESTON ST.	ULD BE EXECUTED WITHIN 24 HOUF "FENDING" IN PENCIL IN ITEM 18, FF MEDICAL EXAMINER ALONG W FED AS A BURAL - TRANSIT PERMIT. HEATH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	No	Canditians, gave rise couse (a) sto lying cause	if any, which to immediate oting the under- last.	CE CAUSE (0)U1 DUE TO, OR A (b) DUE TO, OR A	AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TER	OF OF	OR CONDITION GIVEN IN	PART 1 (a).			BETWEE	en Onset an	ID DEATH
	SHOULD E ORD "PEN CHIEF ME CHIEF ME TOF HEAL URIAL, CF	CERTIFICATION	19a. DATE OF OR			ION FOR WHICH OPE	ration w	AS PERFORMED?		II.	1		TOPSY?	NO []
DIVISION OF VITAL	S CERTIFICATE SHOULD RITING THE WORD, PEI RDED TO THE CHIEF M RE 3 SHOULD BE USED A E DEPRARTMENT OF HEA COI PRIOR TO BURIAL, C	MEDICAL CER	21a. EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC	OR CAUSE OF D		MONTH DAY YEA	R	OW INJURY OCCUR	RED (ENTER NATUR	RE OF INJURY IN ITEM 1	8 PART I OR PA	ART 2)		
DIVIS	THIS CENTING WARDED WARDED PAGE 3 (2) 201 PI	WEI	WHILE D	NOT WHILE		DRY, FARM, ETC.)	s	TREET	Сп	Y OR TOWN	cc	YIMU		STATE
*	TO MEDICAL EXAMINER: THIS CERTIFICATE EXECUTE THE CERTIFICATE. WRITING THE WAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMER BALTIMORE, MARYLAND, 21201 PRIOR TO L		22a I certify to death resulted to ACTUAL ISIGNATURE	from: Natur	ol couses X.	ribed obave, held an Accident , S	vicide	NAME OF THE AMERICAN ADDRESS.	Undetermi	ned monner	DATE	Δ.	-20-8	I
1404	AFTI BACT	1.5	URIAL, CREMATIC	N, REMOVAL 2	36. DATE 4/21/1981	23c. NAME OF CE CEDAR HI	METERY O	R CREMATORY	123d. LOCA1		GEŐŘ	GES. A	MARYL	AND
	DHMH-17 (VR A15 ME (5))		9NHALPINE GWO		HEBREW ME	MORIAL FUN	ERAL	HOME 250 DAT	R 23 198	SISTRAR 250LRES	SISTRAR'S	SIGNATUI	RE	

